



Membership Application

DATE _____ CHECK ONE: New Member _____ Renewing Member _____
MEMBER OF NAPO? _____ CPO? _____

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

BUSINESS NAME: _____ BUSINESS START DATE: _____

EMAIL: _____

WEBSITE (optional) _____

SPECIALTIES: (5 WORDS ONLY) _____

DUES - \$70 Dues are tax deductible by members as an ordinary and necessary business expense.

MEMBERSHIP IS VALID FOR 1 YEAR FROM THE ABOVE DATE - Membership includes unlimited access to any professional CD/DVD/MP3 title in the chapter library which is enhanced yearly.

Submission of this form will be considered acceptance of the following terms – please initial
_____ I agree to abide by the Code of Ethics of The Utah Professional Organizers.
_____ I hereby authorize and permit the person or persons in charge of The Utah Professional Organizers records to release to the chapter members and website, for the purposes of general UPO publicity and membership directory, all information provided by me to the Chapter on this and other similar membership data forms. Members mailing addresses will not be made public.

FOR INFORMATION VISIT OUR WEBSITE - UtahProfessionalOrganizers.com