



Membership / Renewal Form

Your **NAAAP-Seattle** membership is a window to networking opportunities and social/educational events and more!

Member Information

Name:

Gender: M F

Birthday:

Email:

Current Address:

City:

State:

ZIP Code:

Phone: ()

Work Phone: ()

Professional History

Current Company or Institution:

Job Title:

Years of Experiences:

Education: Please specify highest level completed:

High School

Bachelor's Degree

Associate's Degree

Graduate Degree (specify:)

Personal Interests

I'm interested in the following areas: **(check all that apply)**

PR/Marketing

Membership

Social

Professional Development

Community Service

Fundraising

Scholarship

Gala

Newsletter

Web Site

National Convention

Other:

Are you interested in volunteer opportunities in NAAAP? Yes No

Membership

Desired Membership: New Member

Existing Member

1 yr Membership (Individual): \$25

1 yr Membership (Family, Business): \$45

2 yr Membership (Individual): \$45

2 yr Membership (Family, Business): \$85

3 yr Membership (Individual): \$70

3 yr Membership (Family, Business): \$125

1 yr Corporate Membership: \$1,000

Signature of Applicant:

Date:

Payment Information

Method of Payment: Cash Check Online

Who can we thank for referral you to NAAAP?

Make Checks payable to **NAAAP-Seattle** and return it along with the form to address:
C/O Membership, PO BOX 19888, Seattle, WA 98109 or membership@naaapseattle.org

NAAAP – Seattle Membership Payment Receipt

Member Name:

Received Membership Amount: \$

Received by:

Date:



Thank you for Your Support!