



MEMBERSHIP APPLICATION

PLEASE NOTE: With the exception of Local Associate Members, we must first confirm your membership in NAPO National before your NAPO-San Diego Chapter membership can be processed. When your NAPO National membership expires, your NAPO-San Diego membership automatically terminates and no refunds will be issued.

FULL NAME (as it will appear in the Member Roster and on our Chapter Website, naposandiego.com):

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

WORK TEL: (_____) _____ FAX: (_____) _____

HOME TEL: (_____) _____ CELL: (_____) _____

E-MAIL: _____ WEBSITE: _____

*Please list the web addresses/hash tag below for your **business only**.

FACEBOOK: _____ TWITTER: _____

LINKEDIN: _____ OTHER: _____

Your birthday: _____ / _____ Are you bilingual? Y / N What language(s): _____
Month Day

Specifically, how can our Chapter best serve you? _____

How did you first hear about the NAPO-San Diego Chapter?

<input type="checkbox"/> Article or Blog	<input type="checkbox"/> Friend / Family Member	<input type="checkbox"/> NAPO-SD Website	<input type="checkbox"/> Work Colleague
<input type="checkbox"/> Brochure	<input type="checkbox"/> Magazine / Newspaper	<input type="checkbox"/> Search Engine	<input type="checkbox"/> YouTube
<input type="checkbox"/> Event	<input type="checkbox"/> Member's Website	<input type="checkbox"/> Seminar	<input type="checkbox"/> Other _____
<input type="checkbox"/> Facebook	<input type="checkbox"/> NAPO National Website	<input type="checkbox"/> Television	

Month & year you joined NAPO-National: _____ / _____

Do you have a business license? If so, please state the month & year it was issued: _____ / _____

If no business license filed, do you intend to operate your own business as a Professional Organizer? Y / N / Unsure

Do you have any employees? Y / N If so, how many?: _____

AREAS YOU WILL SERVE:

- | | | |
|--|---|---|
| <input type="checkbox"/> All of San Diego County | <input type="checkbox"/> North County Coastal | <input type="checkbox"/> San Diego Main |
| <input type="checkbox"/> Coronado | <input type="checkbox"/> North County Inland | <input type="checkbox"/> South Bay |
| <input type="checkbox"/> Downtown | <input type="checkbox"/> Orange County | <input type="checkbox"/> Will Travel Nationally |
| <input type="checkbox"/> East County | <input type="checkbox"/> Other Counties _____ | <input type="checkbox"/> Will Travel Statewide |

Approx. number of organizing clients you have worked with for profit: _____ Approx. number of paid organizing hours: _____

Are you interested in working as an Apprentice and/or Assistant to a "veteran" Organizer? Y / N / Unsure

Are you a Golden Circle member (a veteran Professional Organizer with 5+ years in business & a NAPO member for 1+ years)? Y / N

Do you currently offer coaching or organizer training for a fee? Y / N

ABOUT YOU:

Upon approval of your application and membership, we'll share a brief bio to introduce you to our members. Please help us get to know you by providing a statement which shares any special aspects of yourself and your organizing-related business. (Could include: your desire to work as a subcontractor with other organizers; ability to hire organizing subcontractor(s); unique features of your product(s) and/or services; your personal work philosophy or "credo"; any special talents you bring to your clients; work history related to organizing, etc.):

PERSONAL HOBBIES & INTERESTS: _____

OPPORTUNITIES FOR INVOLVEMENT:

Our chapter is run solely on volunteer efforts. Any chapter member who has served on a committee, task force, team project or on the Board will tell you that their membership benefits multiply substantially the more they become involved. By volunteering your talents and skills to help run the administration of our chapter, you will be in a better position to develop solid networking and collaborating relationships. Plus, you and your organizing business are more likely to be noticed by the media and/or clients!

Although you might not know where you fit in, we trust you have skills, talents and abilities that can be used to greatly enhance the team spirit and quality of our chapter. Helping to keep our chapter alive and thriving will increase your satisfaction as a vital member of our team.

PLEASE INDICATE AREAS IN WHICH YOU MAY WISH TO CONTRIBUTE, EITHER NOW OR IN THE FUTURE:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Database & Distribution | <input type="checkbox"/> Membership Team | <input type="checkbox"/> Speaking Engagements |
| <input type="checkbox"/> Chapter By-Laws Committee | <input type="checkbox"/> Event / Project Planning | <input type="checkbox"/> Mentor to new organizers | <input type="checkbox"/> TV / Radio / Media Contacts |
| <input type="checkbox"/> Chapter Historian | <input type="checkbox"/> Greeter at Meetings | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Visitor Follow-up |
| <input type="checkbox"/> Chapter Librarian | <input type="checkbox"/> Home Event Host | <input type="checkbox"/> Poster & Signs | <input type="checkbox"/> Website |
| <input type="checkbox"/> Chapter Display Coordinator | <input type="checkbox"/> Hospitality / Registration | <input type="checkbox"/> Publicity / Social Media | <input type="checkbox"/> Yahoo Groups Moderator |

Other areas of expertise or interest:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Organizational Dev. | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Financial / Budget Mgt. | <input type="checkbox"/> Professional Coaching | <input type="checkbox"/> Teaching | <input type="checkbox"/> Other, please specify:
_____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Project Management | <input type="checkbox"/> Training | |
| <input type="checkbox"/> Legal Management | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Volunteer Management | |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Publicity | |

My signature below signifies: 1) I have read and signed the NAPO Code of Ethics and Release of Liability Forms, which are addendums to this Membership Application. 2) I can provide proof of my NAPO National Membership if requested.

DATE: _____ SIGNATURE: _____

MEMBERSHIP SPECIALTIES:

As a Member, you have the opportunity to have professional specialties listed on your NAPO San Diego website profile. This informs the public of your areas of focus. Using the following pages, please select the specialties you would like listed on your web profile in the NAPO-SD Member Directory.

You will first select your three primary areas of focus. Then, you may select as many as 10 specialties at NO CHARGE. There is a \$3 charge for each additional specialty.



NAPO-San Diego Member Specialty Listings

1 Please select (X) three primary listings.

- | | |
|-----------------|----------------------|
| Space | Specialized Services |
| Information | Special Populations |
| Time Management | Photos/Collections |
| Events | Industry Specific |

2 Please select (X) specific areas of expertise.

You receive 10 areas of expertise with your membership. Each additional area of expertise is \$3.

Space

- | | |
|---------------------|----------------------------|
| <u>Business</u> | <u>Residential</u> |
| Ergonomics | Closet Design/Installation |
| Moving/Relocation | Closet Organizing |
| Office - Commercial | Garages/Attics/Basements |
| Office - Home | Home Office |
| | Kitchens |
| | Moving/Relocation |
| | Other Rooms |

Information

- | | |
|---|-----------------------|
| <u>Business</u> | <u>Residential</u> |
| Electronic Only | Electronic Only |
| Financial/Bookkeeping
Inventory/Assets Control
& Mfg. | Financial/Bookkeeping |
| Paper & Electronic | Paper & Electronic |
| Paper Only | Paper Only |

Time Management

- | | |
|-----------------|--------------------|
| <u>Business</u> | <u>Residential</u> |
| Time Management | Time Management |

Events

- | | |
|------------------------|--------------------|
| <u>Business</u> | <u>Residential</u> |
| Event/Meeting Planning | Estate Management |
| | Garage/Estate Sale |

Specialized Services

Business

Author/Writer
Business Coach
Feng Shui
Green Organizing
International Travel
National Travel
Personal Coach
Professional Organizer Coach
Public Speaking/Training
Virtual Organizing

Residential

Author/Writer
Feng Shui
Green Organizing
Personal Coach
Professional Organizer Coach
Public Speaking/Training
Virtual Organizing

Special Populations

Business

ADHD
Hoarding
People w/Disabilities
Sign Language

Residential

ADHD
Children
Hoarding
People w/Disabilities
Seniors
Sign Language
Students

Photos/Collections

Business

Residential

Photos/Collections

Industry Specific

Business

Legal Offices
Medical Offices

Residential

NAPO-SAN DIEGO CHAPTER MEMBERSHIP DUES

COST OF REGULAR LEVEL 1 CHAPTER MEMBERSHIP: **\$145 / year**

There is a one-time \$25 processing fee for applications. All new Members pay a full year's membership at the time they join. On October 1, new Members will receive an invoice that prorates their annual dues to the following October 1.

NOTE: Fiscal year for NAPO-San Diego is October 1 through September 30.

	Amount						
Chapter Membership (annually)	145.00						
Additional Specialties (Your membership includes 10 Specialty listings)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;">> 10</td> <td style="width: 40%; text-align: center;">Fee</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">@\$3 each</td> <td></td> </tr> </table>	> 10	Fee			@\$3 each	
> 10	Fee						
	@\$3 each						

Processing fee	\$ 25.00
Total Amount Submitted	\$

Please make checks payable to "NAPO-San Diego Chapter"

Final Instructions: Please submit your completed *Membership Application*, signed *Release of Liability*, *Code of Ethics* forms, plus *your payment* to our Membership Director using one of these methods:

- 1) Scan and email your application to: membership@naposandiego.com and submit total payment via the PayPal button on our website.
- 2) Snail-Mail application and check to us at:
NAPO San Diego Chapter, PO Box 2474, Spring Valley, Ca 91979
- 3) Hand-deliver to our Membership Director at a chapter meeting. Payment can be processed by check or via Square with your VISA or Mastercard.

We look forward to a mutually prosperous relationship with you as a member of the NAPO-SD Chapter!

Payment Rec'd: Ck# _____ PayPal _____ Other _____ Dated: _____

Application Approved by: _____

RELEASE OF LIABILITY

Include this form (signed) with Membership Application.

LIABILITY RELEASE FOR EVENTS AND/OR ACTIVITIES

As a condition for my participation in the NAPO-San Diego Chapter's scheduled events or any activities incident thereto, I hereby waive any and all rights to claims for loss or damages, including all claims for loss or damages caused by the negligence, active or passive, of the following: NAPO-San Diego Chapter Members, NAPO-San Diego Chapter Board, NAPO-San Diego Chapter Officers, or any individuals associated with the event or supervising such activities.

Print Member Name

Sign member Name

Date

LIABILITY RELEASE FOR CONTRIBUTIONS TO NAPO-SAN DIEGO CHAPTER WEBSITE

Whenever I submit published documents/articles/information to the NAPO-San Diego Chapter website, I certify that the contents are accurate and appropriate. I agree to indemnify NAPO in the event of a claim based upon any document/article/information from me, and I accept liability for injury resulting directly from the contents of my document/article/information. I do NOT grant the copyright to NAPO-San Diego Chapter by submitting any document/article/information for publication. The copyright for my work resides with me.

Print Member Name

Sign member Name

Date

NAPO CODE OF ETHICS

Include this form (signed) with Membership Application.

This Code of Ethics is a set of principles to provide guidelines in our professional conduct with our clients, colleagues and community. As a member of the National Association of Professional Organizers, I pledge to exercise judgment, self-restraint and conscience in my conduct in order to establish and maintain public confidence in the integrity of NAPO members, and to preserve and encourage fair and equitable practices among all who are engaged in the profession of organizing.

CLIENTS

Working Relationships:

I will serve my clients with integrity, competence, and objectivity; and will treat them with respect and courtesy.

I will offer services in those areas in which I am qualified and will accurately represent those qualifications in both verbal and written communications.

When unable or unqualified to fulfill requests for services, I will make every effort to recommend the services of other qualified organizers and/or other qualified professionals.

I will advertise my services in an honest manner and will represent the organizing profession accurately.

Confidentiality and Conflict of Interest:

I will keep confidential all client information, both business and personal, including that which may be revealed by other organizers.

I will use proprietary client information only with the client's permission.

I will keep client information confidential and not use it to benefit myself or my firm, or reveal this information to others.

Fees:

I will decide independently and communicate to my client in advance my fees and expenses, and will charge fees and expenses which I deem reasonable, legitimate, and commensurate with my experience, the service I deliver and the responsibility I accept.

I will make recommendations for products and services with my client's best interests in mind.

COLLEAGUES

I will seek and maintain an equitable, honorable and cooperative association with other NAPO members and will treat them with respect and courtesy.

I will respect the intellectual property rights (materials, titles and thematic creations) of my colleagues, and other firms and individuals, and will not use proprietary information or methodologies without permission.

I will act and speak on a high professional level so as to not bring discredit to the organizing profession.

Print Member Name

Sign member Name

Date