## **EASTSIDE PROFESSIONAL ASSOCIATION**

Membership Application

Name	Professional Category		Date	
Business Name and Address				
City	State		ZIP	
Phone	E-mail			
Year Established	At current location since		Number of Employees	
Length of time you have owned or managed the company				
Incorporated? YES NO				
Personal professional credits				
Names and titles of other principals in your business				
Other information				
REFERENCES				
Please list three professional references.				
Full Name		Company Name		
Branch		Phone ( )		
Address				
Full Name		Company Name		
Branch		Phone ( )		
Address				
Full Name		Company Name		
Branch		Phone ( )		
Address				
Sponsor representative from the Eastside Professional Association				

DUES			
Initiation Fee \$	Semi-Annual Dues \$	Total \$	
	Membership must be approved by the Board of Directors of the Eastside Professional Association. In the event that your application for membership is not approved, your check will be returned.		
Membership and Fee Information:	Eastside Professional Association, in the year for the Association runs from May	for membership will not be considered unless accompanied by a check, made payable to the fessional Association, in the full amount of initiation fees and semi-annual dues. The fiscal Association runs from May 1 and November 1 of each year. Prorations for partial dues periods sted on dues statement for the second period affiliation.	

DISCLAIMER AND SIGNATURE	
If Eastside Professional Association approves this application for m members fairly and in a businesslike manner, and abide by the by-	embership, I agree to pay fees and assessments when due, treat all laws of the Association
Signed	Date