

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		
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.

Membership and Fee Information:

The treasurer will contact you to get your credit card information for semi-annual dues and the one-time initiation fee. The fiscal year for the Association runs from May 1 and November 1 of each year. Prorations for partial dues periods will be adjusted on dues statement for the second period affiliation.

DISCLAIMER AND SIGNATURE

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

Signed _____ Date _____