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?	rporated? 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
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