



Membership Application



The Organizing Authority®

GOLDEN CIRCLE is a prestigious designation denoting to the general public that the professional organizing industry recognizes its members who have attained an elevated level of experience.

The **National Association of Professional Organizers (NAPO)**, by establishing the **GOLDEN CIRCLE**, nationally, duly acknowledges the expertise of its members who have engaged in the business of organizing for a period of no less than five years.

BENEFITS:

The national directory indicates a member's status in **GOLDEN CIRCLE**.

Complimentary **GOLDEN CIRCLE** pins are presented at the national NAPO conference during the annual **GOLDEN CIRCLE** meeting.

Membership in **GOLDEN CIRCLE** means fellowship, camaraderie and a golden opportunity to share experiences with other accomplished organizers.

REQUIREMENTS:

- You must be a NAPO member in good standing, for a minimum of one year.
- You must provide documentation to substantiate your activity as a professional organizer for a minimum of five years. All documents must include your business name and display a date that is five years prior to your application.

Include with your application, a copy of one of the following documents:

- Business License
- Federal Service Mark Certificate
- Fictitious Business Name Certificate
- Resale License Issued in Business Name
- State Service Mark Certificate
- Articles of Incorporation

OR you may substitute one of the following:

- IRS Schedule C dated five years earlier **and** your latest IRS Schedule C, both illustrating your Business Name.
- Your Business bank statement dated five years earlier **and** your latest bank statement, both illustrating your Business Name.

PLEASE COMPLETE THIS SECTION:

Name: _____ Business Name: _____

Business Address: _____ City: _____ State: _____

Zip: _____

Business Phone: _____ Home _____

Phone: _____

Fax: _____ E- _____

Mail: _____

Membership in Golden Circle is complimentary, you will receive an e-mail confirmation once your application is received. Please allow 4 weeks for processing.

**Mail to: NAPO
Attention: Member Services
15000 Commerce Parkway, Suite C
Mount Laurel, NJ 08054
Phone: 856/380-6828 Fax: 856/439-0525**

What year did you join NAPO? _____ What year did you launch your
business? _____

What document have you
enclosed? _____

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