

# EASTSIDE PROFESSIONAL ASSOCIATION

## Membership Application

Name of Business	Professional Category	Date
Business Address		Unit/Ste #
City	State	ZIP
Phone	E-mail Address	
Year Established	At current location since	Number of Employees
Length of time you have owned or managed the company		
Incorporated? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Personal professional credits		
Names and titles of other principals in your business		
Other information		
<b>REFERENCES</b>		
<i>Please list three professional references.</i>		
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 and Fee  
Information:

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.

Applications for membership will not be considered unless accompanied by a check, made payable to the Eastside Professional Association, in the full amount of initiation fees and semi-annual dues. 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 \_\_\_\_\_