



Business Partner Membership Application Washington Chapter of APPA

Company

Address

City

State

Zip Code

Office Telephone Number

Main Contact:

Name & Title of Company

Telephone Number

Email Address

Additional Members:

Name & Title of Additional Member

Telephone Number

Email Address

Name & Title of Additional Member

Telephone Number

Email Address

Name & Title of Additional Member

Telephone Number

Email Address

Check box if all applying members have read and acknowledge the Business Partner Code of Conduct Policy.

Annual Dues: \$200.00 (Business Partner Representative); Each Additional Member (\$50.00)

Total Enclosed: \$ _____
Make check payable to Washington APPA

Please send completed form and check to:

914 164th Street SE
Suite B12 #452
Mill Creek, WA 98012

For questions:

Melinda Nelson: 425-444-1447; E-mail: mnelson@teammnelsoninc.com



Please send a logo of your organization to post on the mywappa.org Members web page.