



**ASSOCIATE MEMBERSHIP APPLICATION**

Dues valid for twelve (12) months after joining  
(Please print clearly)

**Contact Information**

Date: \_\_\_\_\_

Name (Primary contact): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Primary email: \_\_\_\_\_ Website: \_\_\_\_\_

Tell us more about your company: \_\_\_\_\_

**NASP ASSOCIATE MEMBER OPPORTUNITIES**

- One (1) complimentary annual NASP membership for your company’s designated representative – full membership privileges.
- One (1) free contact listing in our members-only membership & preferred vendor directory and access to the entire directory.
- NASP member rate for attendance at membership meetings (held monthly at the Nashville City Club)
- Discount on your company logo featured on NASP monthly meeting name badges and “Member Spotlight” privileges.
- Discount on monthly meeting sponsorships – includes display table and signage PLUS the opportunity for your company to give away up to four (4) door prizes for attendees and “Member Spotlight” privileges.
- Discounts for NASP website advertising – see attached rate sheet.

**Membership Dues**

**Amt. Enclosed**

<input type="checkbox"/> Annual Associate Membership	\$250.00	\$ _____
	<b>Total</b>	\$ _____

**Payment type:**

\_\_\_\_\_ Check (#) – make checks payable to “NASP”  
\_\_\_\_\_ Cash

**Credit Card #**

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please return to:  
**NASP**  
c/o Treasurer Cindy Houston-Hazen  
Office Suites Plus  
9005 Overlook Blvd., Brentwood, TN 37027  
615-236-1110  
[www.nashville-nasp.org](http://www.nashville-nasp.org)