



Notes for Online Membership Directory

The following supplement to your membership application provides NUCA of Washington information for your online membership directory listing and will help us facilitate effective communications with you and your staff. Below, you will find a further explanation of some of the items we require you to fill out.

Company Information:

- Billing Information
 - List person of contact and their email address. This will NOT be posted on the membership directory; it will only be used internally.

Company Logo:

- If you would like your logo to appear near your business name please email it as an attachment to Andrea@nucaofwashington.com

Primary Contact:

Your primary contact will be the only person listed on the online membership directory. This person will be able to view/edit all company information, view/manage event registrations, track/pay invoices, and view/manage company representatives.

Company Representatives:

List anyone that would like to receive communication from us. The number of contacts is not limited. They will be able to manage their own individual profiles, change their passwords, and track their own event registrations.

Please direct any questions regarding the new website to:

Andrea Ruotolo Email: Andrea@nucaofwashington.com Phone: 425-264-1240

Elaine Hall Email: Elaine@nucaofwashington.com



Membership Profile Form

Company Name: _____

Mailing Address: _____

Physical Address: _____

Please check which address you would like listed on the Online Directory: Mailing Physical

Phone: _____ Fax: _____ Website: _____

Email to Post to Online Directory: _____

Billing Contact: _____ Billing Email: _____

Company Description (as you would like listed in directory):

Have more than one company location? Please use a different form for each branch of your company you would like listed in the directory.

Would you like your logo placed on the membership directory (FREE): __Yes __No

PRIMARY CONTACT

PRIMARY CONTACT: Primary contacts for the company will be posted onto the online directory as the main contact. Primary contacts also will be provided access to view, change, and update the company's online profile and the profile of each representative, view and pay invoices, and track all online registrations.

Primary Contact Name: _____ Title: _____

Email Address: _____ Office/Cell #: _____

Publish contact to online directory: __Yes __No

Receive all NUCA Communications: __Yes __No

Preference of Communications: E-mailed Mailed Both

COMPANY REPRESENTATIVES

Contact Name: _____ Title: _____

Mailing Address: _____

Email Address: _____ Office/Cell #: _____

Receive all NUCA Communications: __Yes __No

Preference of Communications: E-mailed Mailed Both

Contact should have access to Online Membership Registration: __ Yes __ No

Contact Name: _____ **Title:** _____

Mailing Address: _____

Email Address: _____ **Office/Cell #:** _____

Receive all NUCA Communications: __Yes __ No
Preference of Communications: E-mailed Mailed Both
Contact should have access to Online Membership Registration: __ Yes __ No

Contact Name: _____ **Title:** _____

Mailing Address: _____

Email Address: _____ **Office/Cell #:** _____

Receive all NUCA Communications: __Yes __ No
Preference of Communications: E-mailed Mailed Both
Contact should have access to Online Membership Registration: __ Yes __ No

Contact Name: _____ **Title:** _____

Mailing Address: _____

Email Address: _____ **Office/Cell #:** _____

Receive all NUCA Communications: __Yes __ No
Preference of Communications: E-mailed Mailed Both
Contact should have access to Online Membership Registration: __ Yes __ No

Contact Name: _____ **Title:** _____

Mailing Address: _____

Email Address: _____ **Office/Cell #:** _____

Receive all NUCA Communications: __Yes __ No
Preference of Communications: E-mailed Mailed Both
Contact should have access to Online Membership Registration: __ Yes __ No

Contact Name: _____ **Title:** _____

Mailing Address: _____

Email Address: _____ **Office/Cell #:** _____

Receive all NUCA Communications: __Yes __ No
Preference of Communications: E-mailed Mailed Both
Contact should have access to Online Membership Registration: __ Yes __ No

Contact Name: _____ **Title:** _____

Mailing Address: _____

Email Address: _____ **Office/Cell #:** _____

Receive all NUCA Communications: __Yes __ No
Preference of Communications: E-mailed Mailed Both
Contact should have access to Online Membership Registration: __ Yes __ No