



United Professional Sales Association Membership Application

(Join Online at <http://www.upsa-intl.org>)



Have you ever been a member of UPSA? If yes, do you know your previous ID# _____

Select Your Membership Category Individual Membership Student Membership Special
Must provide proof of enrollment

Primary Member Information				
Prefix	First Name	MI	Last Name	Suffix
Please print name as you want it to appear on your membership certificate				
Job Title		Company Name / Organization		
Primary Email Address			Primary Fax Number	
Secondary Email Address			Secondary Fax Number	
Business Information				
Street Line 1		Street Line 2		
City	State	Zip		
Business Phone Number				
Home Information				
Street Line 1		Street Line 2		
City	State	Zip		
Home Phone Number				

Component Selection:

New members must select a chapter to join, or they may elect to start their own. For a list of current and newly forming chapters, visit: <http://www.upsa-intl.org/components/> (enter the component name below. For example, "Washington DC Chapter")

Existing Chapter or Council Component Name: _____ or UPSA HQ Professional Member

Credit Card Information (If Paying By Check, Please Make Check Payable to UPSA)

Accepted Cards: (Circle One) Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____/_____/_____

Signature: _____ Date _____

