



Web Update Listing Form

<input type="checkbox"/> New
<input type="checkbox"/> Update

PNA Chapter: _____

Category:	
Company:	
Name:	
Phone:	
Cell:	
Fax:	
e-Mail:	
Website:	

Category Examples:

Accounting	Financial Consultant	Interior Design
Beauty Consultant	Handyman	Mortgage Broker
Bookkeeping	Insurance / Life – Disability	Real Estate Agent
Computer Repair	Insurance / Property – Casualty	Travel Agent

**Note: Complete only those fields you would like posted on the PNA Website.
Category field is required.**

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