



**“YOUR SPECIALTY”
NETWORKING ROSTER**

“YOUR SPECIALTY” NETWORKING ROSTER	
Your Name	
Firm Name	
Mailing Address	
Telephone & Fax Number	
Email Address	
Practice Areas	1.
	2.
	3.

Send Your Completed Form to:
Jan Manberg, Certified PLS
NALS of Washington Membership Director

1922 SW Snively Avenue, Chehalis, WA 98532-4024
(h) 360-748-4744 (w) 360-586-7687