

APPLICATION

E-Mail Address:
Business Phone:
Home Phone:
Fax Number:

PART 1 (Please answer all questions)

Date:
Applicants Name:
Business Name:
Business Address:
City: State: Zip:

Registration Fee:	\$ 50.00
Participation Quarterly Fee	\$ 100.00
TOTAL ENCLOSED	\$ _____
Applicants Signature:	

UPON YOUR ACCEPTANCE FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION

PART II (Please read carefully)

APPLICATION PROCESS

1. A prospective member may attend three meetings as a visitor. Prospective members then complete this application and submit it with a check to the Membership for review.
2. The Members as a group will follow up on references and vote on the prospective member of acceptance or non-acceptance.
3. A member will notify prospective member with their status prior to them attending another meeting.
4. New members will receive welcome Introduction at the meeting.

PART III (Please answer all questions)

1. Experience in Field/Occupation (be specific in stating what service or product you perform or sell): _____

2. Are you able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the 90 minutes?

3. What is your ability to bring qualified referrals or visitors? _____

4. Do you belong to other networking organizations? _____ If so please list _____

BUSINESS REFERENCES

PART IV

List Business References:

(1) Name: _____ Position: _____

Business: _____ Phone: _____

Business Relationship (describe): _____

(2) Name: _____ Position: _____

Business: _____ Phone: _____

Business Relationship (describe): _____

Applicants Signature _____ Please feel free to submit resume or biography for additional information.

PART V

MEMBERSHIP COMMITTEE USE ONLY

Verified Information and References: Yes No

Accepted Dented

Date: _____

Comments: _____
