



"A Management Level Business Referral Network"

APPLICATION FOR MEMBERSHIP

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

BUS PHONE: _____ FAX: _____

BUSINESS DESCRIPTION: _____

WEB ADDRESS: _____

HOW LONG IN BUSINESS ? _____ YRS. TYPE: SOLE PROPRIETOR CORP

PLEASE BE ADVISED THAT WE TAKE PARTICIPATION IN THE BUSINESS NETWORK VERY SERIOUSLY. HISTORY HAS PROVEN THAT NETWORKING IS ALL ABOUT BUILDING RELATIONSHIPS. WE HAVE FOUND THAT THE STRONGEST, MOST PROFITABLE RELATIONSHIPS IN OUR ORGANIZATION HAVE BEEN BUILT AS A RESULT OF OUR SOCIAL FUNCTIONS.

SPONSORING MEMBER: _____

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR ANNUAL MEMBERSHIP DUES OF \$50.00, TO YOUR SPONSORING MEMBER, OR ANY BOARD OF DIRECTORS MEMBER. THE DUES ARE PRORATED AFTER JULY 1st AND ARE REFUNDABLE IF YOU ARE NOT ACCEPTED FOR MEMBERSHIP. UPON CONSIDERATION OF THE BOARD AND GENERAL MEMBERSHIP, YOU WILL BE NOTIFIED OF YOUR STATUS WITHIN 7 DAYS OF THE MEMBER VOTE WHICH IS HELD AT THE GENERAL BUSINESS MEETING ON THE FIRST FRIDAY OF EACH MONTH (EXCLUDING HOLIDAYS). QUARTERLY DUES OF \$104, WHICH COVER THE COST OF WEEKLY BREAKFAST, ARE DUE AT THE BEGINNING OF EACH CALENDAR QUARTER.

SIGNATURE/DATE: _____ / _____ / _____ CLASS: _____

TO BE COMPLETED BY NETWORK REP

IF NOT PAID BY "BUSINESS" CHECK, WHY? _____ CHECK# _____ DATE REC'D _____

APPLICANT'S REPRESENTATIVES

NAME: _____ DOB: ____ / ____
MO DAY

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

SPOUSE/OTHER: _____

EMAIL ADDRESS: _____ (REQUIRED FOR CORRESPONDENCE & DUES INVOICES)

YOUR TITLE: _____ (MEMBERSHIP IS THE BUSINESS, NOT THE INDIVIDUAL)

EDUCATION: _____

COMMUNITY ACTIVITIES: _____

ALTERNATE'S NAME: _____ DOB: ____ / ____
MO DAY

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

SPOUSE/OTHER: _____

EMAIL ADDRESS: _____

YOUR TITLE: _____

EDUCATION: _____

COMMUNITY ACTIVITIES: _____