



Membership Application

Where Relationships and Referrals Connect

PLEASE PRINT

Name: B'Day: (MM/DD)

Company:

Profession: License #:

Address:

City: Zip:

Website:

Email:

Phone: Cell: Fax:

Describe Your Product or Services (be specific):

How long have you been in this business/industry?

If less than 1 year, please explain

Requested Category/Categories:

Customer/Client/Business Networking References – no friends, relatives or employers

Name:

Business: Phone:

Business Relationship:

Name:

Business: Phone:

Business Relationship:

Application Process and Membership Rules

- 1. A prospective member must attend three consecutive meetings to apply for membership.
2. The leadership team will complete the screening process and will notify you of acceptance.
3. Your name and company will be added to our membership list.
4. The President will introduce you as a new member and you will be able to receive referrals.
5. After three months with 80% attendance, you will be put on the 10 minute speaker list.
6. When three consecutive meetings are missed your name will be taken off our membership list and your position opened. (Medical leave is available through leadership approval.)

I hereby, make the commitment to arrive at our weekly meetings on time, stay through the 90 minutes and participate in presenting my commercials and passing referrals. I will provide the quality of service at the prices that I have quoted and live up to the ethical standards of my profession. I understand that my membership is conditional based on upholding this commitment.

Signature Date

For Leadership Team Use

Dates attended as visitor: 1 2 3 Date Approved Rejected

Approved Category Leadership Initials Member Initials