



# Networking Professionals

## Application for Membership

**MEMBERSHIP FEE IS NON-REFUNDABLE \*TYPE OR PRINT LEGIBLY\* ATTACH YOUR BUSINESS CARD**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Category applying for: \_\_\_\_\_

Referred by: \_\_\_\_\_

### **CONDITIONS OF MEMBERSHIP:**

1. Your membership may be terminated because of lack of attendance (3 in a calendar quarter).
2. Each occupation is represented by 1 member and conflicts of interest are not allowed.
3. You are expected to invite guests to the meetings and encourage them to join.
4. Networking Professionals is governed by our ByLaws.
5. Membership fees: \$150.00 membership fee per quarter. Due by end of first quarter month.

I have read the By-laws and understand this information will be used in voting on my application.

I have read the above statements and agree to abide by them.

\_\_\_\_\_

Date                      Applicant Signature                      Membership Chairperson

Treasurer: Paid date \_\_\_\_\_ \$ \_\_\_\_\_ check # \_\_\_\_\_