

# APPLICATION

## PART I (Please answer all questions)

Date: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe Product or Services (be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

FAX #: \_\_\_\_\_



UPON YOUR ACCEPTANCE, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION

## PART II (Please read carefully) *Application Process*

1. A prospective member may attend two meetings as a visitor. At the second meeting, prospective members obtain a sponsoring member. Prospective members must have a sponsor. Prospective members then complete this application and submit it with a check to the Membership Committee for review.
2. The Membership Committee completes the screening process and notifies the prospective member of acceptance or non-acceptance before the next meeting.
3. The membership Committee notifies the President.
4. The President announces new members at chapter meeting following acceptance by the Membership Committee.

## PART III (Please answer all questions)

1. Experience in Field/Occupation (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Education background in Field/Occupation or Degrees, Licenses or Credits required to perform in Field/Occupation: \_\_\_\_\_  
\_\_\_\_\_

## PART IV

1. Current occupation under which applying for membership is  full or  part-time occupation?
2. How long have you been with the company you are representing today? \_\_\_\_\_
3. Are you able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the 60 minutes, and are you willing to abide by the rules and procedure? \_\_\_Yes \_\_\_ No
4. Is there an individual in your company who would be willing and able to attend meetings on your behalf, should you be unable to attend? \_\_\_\_\_
5. What do you expect to contribute to this chapter? \_\_\_\_\_  
\_\_\_\_\_
6. What is your ability to bring qualified referrals or visitors? \_\_\_\_\_  
\_\_\_\_\_
7. Do you belong to other networking organizations? \_\_\_\_\_ If so, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# BUSINESS REFERENCES

## PART V

List Business References:

1) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Business Relationship (describe): \_\_\_\_\_

2) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Business Relationship (describe): \_\_\_\_\_

**Your Signature**

NOTE: You may attach resume or biography for additional information. Thank You.

## PART VI

### (Membership Committee Use Only)

Verified Information and References:  Yes  No

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### RECOMENDATIONS TO PRESIDENT

Accept  Decline

COMMENTS: \_\_\_\_\_

If declined was there conflict with job description of existing member? Explain: \_\_\_\_\_

Authorized Signature (Membership Committee)

Date: