



Membership Committee Review \_\_\_\_\_

Board Meeting: \_\_\_\_\_

Board Approval \_\_\_\_\_

**Membership Application**

*(Applicants must attend 2 out of 3 consecutive meetings, turn in this application with a \$25 application fee, and meet with the Board before being considered for Membership)*

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

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

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

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

Business Address: \_\_\_\_\_

Specific industry seat you are applying to fill: \_\_\_\_\_

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

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

Invited/Sponsored by: \_\_\_\_\_

Prior Networking involvement? Yes No Group(s): \_\_\_\_\_

**Trade References:**

1. Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Years known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Years known: \_\_\_\_\_

*Submit completed application to the Membership Committee. Meet with the Board at the next regular Board meeting, 4<sup>th</sup> Wednesday morning of each month.*