

Business Name: _____

Contact Name: _____

Address: _____

Work phone: _____ Alternate phone: _____

Fax number: _____ Email: _____

Years in business: _____

Describe your business: _____

Business/Industry category of application: _____

Business history and/or qualifications: _____

Referred to this organization by: _____

Business references:

1. Contact name: _____ Business name: _____ Phone number: _____

2. Contact name: _____ Business name: _____ Phone number: _____

Membership dues for new applicants are for the next annual term (\$120) in addition to the prorated cost of \$10 per month remaining in the current fiscal year (April 1 to March 31). Dues must be included with the application at the time of submission. Any non-successful applications will have their payment returned immediately.

Total Payment Enclosed: \$ _____

Paid by: Cash Cheque **Professional Networkers Participation:**

As a member, I would uphold the Professional Networkers Association's policies:

1. Membership guarantees category exclusivity.
2. Maintain biweekly attendance.
3. Arrive on the time (6:45am) and stay until completion of business meeting (8:30am).
4. Participate regularly with members at one-to-one networking.
5. Encourage other entrepreneurs to attend our meetings as guests.
6. Strive to bring quality referrals to the other members of this organization.

Signature: _____ Date: _____