

# Membership Application

Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ E-mail Address: _____ Birthdate: _____	Business Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____ Business Phone: _____ Fax Number: _____ Cellular Phone: _____
<b>You may only represent one profession. Describe your product or service (be specific):</b> _____ _____ _____	<b>PARTICIPATION FEES:</b> One Year: \$250 Payable in six-month intervals of \$125

**UPON YOUR ACCEPTANCE FEES ARE NON-REFUNDABLE**

<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
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### APPLICATION PROCESS

1. A prospective member may attend two meetings as a visitor. Prospective members then complete this application and submit it with payment for review.
2. A Committee completes the screening process and notifies the prospective member and the chapter President of acceptance or non-acceptance as soon as possible.
3. The President announces new members and inducts them at the next chapter meeting.

### EDUCATION/BACKGROUND/INFORMATION

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

### PART IV

1. Is the occupation under which you are applying for membership a full or part-time occupation? \_\_\_\_\_
2. How long have you been with the company you are representing today? \_\_\_\_\_
3. Are you willing to make the commitment to arrive at our weekly meetings on time, stay throughout the 75 minutes, bring qualified referrals and help your chapter continue to grow by inviting visitors? \_\_\_\_\_
4. Is there an individual 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 group? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. What is your ability to bring qualified referrals or visitors? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Do you belong to any other organizations? \_\_\_\_\_ If so, please list \_\_\_\_\_  
 \_\_\_\_\_

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**PERSONAL/BUSINESS REFERENCES**

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

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

Personal/Business Relationship (describe):

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

**Applicant's Signature** \_\_\_\_\_

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**-----MEMBERSHIP COMMITTEE USE ONLY-----**

**Verified Information and References:**     Yes     No

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

\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_

Approved Profession: \_\_\_\_\_

Declined \_\_\_\_\_

Signature Membership Committee, V.P. \_\_\_\_\_