



## Membership Application

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

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

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

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

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

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

Home Phone: (optional) \_\_\_\_\_

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

Group Email: (if different) \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Category/Services: (Please list top 2 categories, in order of importance)

Please list any other networking groups you belong to, how often they meet, and how long you have been a member.

How long have you been in business and do you do this part-time or full-time?

Explain a little bit about your business, your expertise, certifications, or affiliations with business organizations.

Where do you see your business in five years?