

**BUSINESS TO BUSINESS NETWORKING GROUP
NEW MEMBER APPLICATION**

Applicant Name: _____ **Date:** _____

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Office: _____ **Email:** _____

Fax: _____

Cell: _____

Describe the products and/or services you offer: _____

How long have you been with the company you are representing? _____

How long have you worked in your current industry/occupation? _____

Are you willing to commit to arrive at our weekly meetings on time and stay through the full one-hour meeting? YES NO

Can someone in you company attend meetings on your behalf should you be unable to attend? YES NO

Do you belong to other networking organizations: If so, please list: _

I have read, understand, accept and will follow the guidelines of the networking group.

Applicant Signature: _____

Membership Fee: One-Time Initiation Fee \$50.00

\$110 annually, paid semi-annually (no refunds if you leave the group early)

Make Checks Payable to: EP Business-to-Business Network

Date Fee Paid: _____ **Amount:** _____ **Treasure Initials:** _____