



## Membership Application

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### BUSINESS INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ INITIAL \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS EMAIL ADDRESS: \_\_\_\_\_ WEB SITE : \_\_\_\_\_

REFERRED BY (sponsor): \_\_\_\_\_

### PERSONAL INFORMATION: *(Will be shared with members of the group only)*

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTHDAY: (M/D) \_\_\_\_\_

HOME EMAIL \_\_\_\_\_

### PAYMENT OPTIONS:

PAYMENT (\$200) BY: CASH \_\_\_\_\_ OR CHECK \_\_\_\_\_ CHECK# \_\_\_\_\_

### BADGE INFORMATION:

NAME ON BADGE (please print): \_\_\_\_\_

BUSINESS CATEGORY: \_\_\_\_\_

*I have received and reviewed the Business Networking of Woodbury package including the application, rules, and bylaws.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEMBERSHIP COMMITTEE CONTACT: \_\_\_\_\_

Please return your completed application, signed expectation sheet and check to the President at the next meeting for membership approval.

***“An organization promoting business growth and success”***



## Expectations

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In order to be a member in good standing with Business Networking of Woodbury, I am aware that the following is expected of me:

- That I make a best effort to give a minimum of two (2) referrals per month.
- That I set a goal to recruit two (2) new members in my first year.
- If I miss three (3) consecutive meetings without reasonable cause, my membership may be in jeopardy.
- I will abide by the rules and by-laws of Business Networking of Woodbury.
- Whenever possible, I will work with a member of Business Networking of Woodbury before going outside for a product or service.

NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_