



# The Networking Team

## Application for Membership

Primary Category \_\_\_\_\_

Secondary Category \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Name of Business Your Title

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Work phone Cell phone Birth Month & Day

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

Type of business:

Sole Proprietorship  Partnership  Corporation  Non-Profit  Multi-level  Other

If Other, please explain: \_\_\_\_\_

How many years experience in this business/industry? \_\_\_\_\_

How many other companies (in this category) have you been employed by? \_\_\_\_\_

Do you work in your business full time?  Yes  No

Please describe your product or service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other businesses you are currently involved in: \_\_\_\_\_

\_\_\_\_\_

Will you commit to attending our meetings weekly or providing a substitute in accordance with our attendance policy as stated in the by-laws?  Yes  No

How did you hear about our group? \_\_\_\_\_

Please list 3 business or professional references that are NOT current TNT members.

1. Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

A one-time fee of \$45 is due with this application, and dues are \$50.00 per month (subject to change) and include your meals weekly. Menu restrictions apply. Dues are to be paid the first Tuesday of every month, with a penalty added on if paid later than the second Tuesday of each month.

**By signing below you agree to abide by the By-laws of TNT; to work toward a common goal, which is to build quality business relationships, maintain high ethical standards, and to pay membership dues in a timely manner.**

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