

APPLICATION

Meet @ Thursday 8:30am, Danvers

Date:

PART 1 (Please answer	all que	stions)
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Applicant's Name:			Web Site Address:		
Business Name/Title:			Email Address:		
Business Address:			Business Phone: ()		
City:	State:	Zip:	Cell Phone: Optional ()		
Describe Your Product or Services (be specific):			REGISTRATION FEE: \$25.00		
Describe Experience with Occupation:			PARTICIPATION FEES:		
			FREE FREE		
PART 2 (Please answer all questions)					
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 able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the 60 minutes and are you willing to abide by NSNA Policies and guidelines?
- 4. Is there an individual in your company who would be willing and able to attend meetings on your behalf, should you be unable to attend?
- 5 Are you willing to devote the time necessary to achieve the goals of the nsna including, but not limited to, generating referrals and leads for the members, inviting guests to our weekly meetings, and participating in charitable events?
- 6 Do you belong to other networking organizations?_____If yes, please list _____

PART 3 (References)

List References:				
1.	Name:	_ Position:		
	Business:	_Phone:		
	Business Relationship (describe):			
2.	Name:	_ Position:		
	Business:	_Phone:		
	Business Relationship (describe):			
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Ap	plicant's Signature:	_ Total Due:		