

The Networking Group of the Shenango Valley



"Growing your business one referral at a time!"



Annual Dues: \$125.00

APPLICANT QUESTIONNAIRE

Date attended first meeting: _____ Guest of: _____

NAME: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS CATEGORY: _____

1. What expectations do you have from being a member of **The Networking Group**?

2. Describe your business and how you gain new customers/clients

3. Members may not have **2** consecutive UNEXCUSED absences or miss more than **3** meetings in a quarter. Are you willing to commit to a regular attendance at meetings? (Note: if you have an alternate, they can attend when you cannot.) ___ Yes ___ No

4. Will your company (employer and staff) support your active participation in **The Networking Group**? ___ Yes ___ No

5. WHEN MY APPLICATION FOR MEMBERSHIP IS APPROVED, I AGREE TO THE FOLLOWING:

- To pay the Initial/Annual Fees due at first meeting as a member _____ (initials)
- To follow up on referrals I receive within 24 hours _____ (initials)
- To attend meetings on a regular basis _____ (initials)
- To make attempts to bring guests to meetings (at least 1 per quarter) _____ (initials)
- To give a minimum of 2 member referrals per month _____ (initials)
- I understand that my membership may be terminated if I fail to comply with the rules and regulations of The Networking Group _____ (initials)

Signature of applicant

Date

- The decision as to whether an applicant is granted or denied membership is within the sole discretion of **The Networking Group** members and all such decisions will be made without regard to race, color, religion, national origin, gender, age, disability, or veteran status.