



NETWORKING FOR ALL – MEMBERSHIP APPLICATION

Last Name	_____	First Name	_____
Company	_____		
Phone Number	_____	Fax Number	_____
Email Address	_____		
Profession/Occupation	_____		
Category	_____		
Referred to NFA by	_____		
NFA Location	_____		

What do you expect to get out of your membership with NFA?

How do you see yourself contributing to the success of the NFA?

MEMBERSHIP EXPECTATIONS:

Attend all weekly meetings

Call Board Member in advance if unable to attend

If you miss two (2) consecutive meetings or three (3) total meetings unexcused within the year, your membership may be terminated

You agree to act professionally and ethically

Members not providing adequate service on a referral shall be addressed by the board if there is a second occurrence

You will support each member in the group

You will invite guests to weekly meetings and encourage them to join

I have the necessary license and/or insurance for the type of work I perform

I have a current license and it is in good standing

I may only represent one business

I understand that I can only belong to one other similar Networking or Referral group in the community

What other business associations are you a member of or affiliated with?

Who do you know that you could bring to a meeting in a non-compete business?

Annual membership fee is \$150 or \$90 bi-annually. The Board reserves the right to decline or terminate membership at any time. No membership refunds will be issued.

I understand that this information will be used in voting on my membership to NFA. I understand that if I resign or if my membership is terminated by the Board of Directors, any membership fees paid are non-refundable. I have read and understood all of the statements and questions above. I agree to abide by them.

Applicant Signature

Date

FAX TO: 630-206-0178

Copyright 2007~NFA Referral Group