



## ANP MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

**Name:**

### BUSINESS INFORMATION

**Business Name:**

**Business Address:**

**How long?**

**Phone:**

**E-mail:**

**Fax:**

**City:**

**State:**

**ZIP Code:**

**Position:**

**Web Site Address:**

**Referred by:**

**DESCRIBE YOUR PRODUCT OR BUSINESS:**

### PROCESS

**Experience in Field/Occupation (be specific):**

**Education background in the field/Degrees/Licenses:**

**Are you able and willing to make the commitment to:**

**Attending our weekly meetings?**

**Bringing guests?**

**Paying dues of \$40/month?**

**What is your ability to bring qualified referrals and visitors to our group?**



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**Do you belong to other networking organizations? If yes, please list.**

**What do you expect to contribute to our group?**

**Have you ever been convicted of a felony? If yes, please briefly explain.**

**Business Reference:**

1)

2)

3)

### SIGNATURES

**Requirements of the Group include the following:**

- Attend Weekly (75% or more)
- Referrals to members (3 per quarter & 12 per year)
- Active Participation
- Attend scheduled training
- Meet with members outside of weekly meeting (1 to 1's)
- NOT a member of another referral based networking group
- Pay monthly dues promptly

**I authorize the verification of the information provided on this form as to my employment, references and agree to the requirements outlined above.**

**Signature of applicant:**

**Date:**

### Membership Committee Use Only

**Verified Information:**

**Recommendation to President:**

**Signature of Membership Committee:**

**Date:**

Return completed application to Vice President for approval.