

Synergy Networking Membership Application

Application Date _____

Applicant's Name _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Website _____

Email Address _____

Business Phone _____ Mobile Phone _____

Membership Fee & Classification

\$150 Annual Fee

Cash or Check accepted. Please make check payable to Synergy Networking.

Referred by _____

Business Represented _____

Professional Classification _____

Experience in Professional Classification, including certificates, degrees, licenses, credentials, etc. _____

Standards & Expectations

*Please write **yes** after each statement to show you have read and agree to our Standards and Expectations.*

Are you able and willing to make the commitment to attend our weekly meetings? _____

Are you able and willing to send a substitute if you are unable to attend a meeting? _____

Are you able and willing to bring referrals and visitors to attend a meeting? _____

What other networking organizations do you belong to? _____

Internal Use Only

Date Application Received _____ Approved _____ Notified _____

Membership Committee Member Signature _____