

Part	I (Please answ	wer all question	is)		
Date:					
	cants Name:	First	Last		
	ess Name:				
Busin	ess Address:				
City:		State:	Zip:		
Descr	ibe Your Produ	ct of Services (be	specific):		
Spons	or's Name:				
Websi	ite Address:	asionally receiv	ve communications relating to group.		
	Address:				
Cell P					
Fax N	umber:				
Part 1	II (Please rea	d carefully)	Application Process		
1.	members obtai	n a sponsoring mer	d two meetings as a visitor. At the second meeting, prospective mber. Prospective members must have a sponsor. Prospective location and submit it with a check to the Executive Committee for		
2.	The Executive acceptance or r	non-acceptance bef	etes the screening process and notifies the prospective member of fore the next meeting.		
3. 4.		Committee notifies announces new men	s the President. mbers at chapter meeting following acceptance by the Executive		
Part l	III (Please ans	swer all questic	ons)		
1.	Experience in	Field/ Occupation	on (be specific):		
2.	Education background in Field/ Occupation or Degrees, Licenses, or Credentials required to perform in Field/ Occupation:				

	V					
1.	Is the occupation under which y occupation?	ou are applying for membersh	nip a full or part-time			
2.						
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 the G.C.N.G. Policies, Guidelines and Code of Ethics? 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? What do you expect to contribute to this chapter?					
4.						
5.						
6.	What is your ability to bring qualified referrals or visitors?					
7.	Do you belong to other network	ring organizations?	If yes, please list:			
Part V	siness References:	Business References				
(1)	Name:	Position:				
	Business: Business Relationship (describe	Phone:	Fax:			
(2)	Name:	Position:				
(2)	Name: Business: Business Relationship (describe	Position: Phone:	Fax:			

NOTE: You may attach a resume or biography for additional information. Thank you.

Part VI	MEMBERSHIP COMMITTEE USE ONLY				
	Verified Information and References:				
	□Yes □No				
Member:					
Comments:					
_					
	Decommendations to Dussidents				
	Recommendations to President:				
	☐Accept ☐ Decline				
Comments:					
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
If dealined was	there conflict with ich description of existing member? Evaloine				
ii decimed, was	there conflict with job description of existing member? Explain:				