



**Northeast Networking Associates**

**MEMBER APPLICATION**

**APPLICANT INFORMATION**

Name:		Referred by:	
Date of birth:	Business Name:	Phone:	
Business address:			
City:	State:	ZIP Code:	
Email:	# of Years in Business/Position:	FAX:	
Describe your product/service:			

**BUSINESS REFERENCES**

Name:	
Business:	Phone:
Describe Business Relationship:	
Name:	
Business:	Phone:
Describe Business Relationship:	

**APPLICATION PROCESS**

I. A visitor may attend a maximum of 2 meetings as a guest before choosing to become a perspective member.

II. Prospective Members must then complete an application. Membership eligibility will then be voted on by current Members.

III. Upon acceptance by the Northeast Network Association, a \$125 fee will be collected. Your membership will be valid for 1-year from the receipt date of your association dues. The cost for continued membership after the First year is only \$100/year.

Please answer the following questions:

1. What do you intend to contribute to this organization?  
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2. Do you belong to other networking groups? \_\_\_\_\_ If so please list them.  
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Please Initial the following Items to acknowledge that you agree to our Guidelines and Code of Ethics:

1. I will miss no more than 1 meeting per month and will have a guest attend in my place if I cannot attend. \_\_\_\_\_
2. I understand that if I miss more than 4 meetings (without a replacement) in a 3 month period that it is up to the discretion of the remaining members to terminate my membership with the organization without legal or monetary recourse on my part. \_\_\_\_\_
3. I will contribute referrals to the members of the Northeast Networking Associates. \_\_\_\_\_
4. I will bring new visitors to meetings and recruit new members in to our organization. \_\_\_\_\_
5. I will provide the highest quality of services with the greatest amount of professionalism. \_\_\_\_\_
6. I will adhere to fair prices that I have quoted. \_\_\_\_\_
7. I will follow up immediately with referrals that I have received. \_\_\_\_\_
8. I will provide positive support to my fellow members. \_\_\_\_\_
9. I will build trust with group members and their clients and/or referrals. \_\_\_\_\_
10. I will live up to the highest ethical standards. \_\_\_\_\_

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I authorize the Northeast Networking Associates to verify the information provided on this form as to my business and references information. My signature acknowledges that I am aware that if fail to adhere to the above Guidelines and Code of Ethics set forth by the Northeast Networking Associates, that it is up to the discretion of the remaining members to terminate my membership with no refund of my yearly dues.

Signature of applicant

Date

On behalf of the Northeast Networking Associates I hereby grant membership to the above applicant

Signature of Vice President

Date

Membership Dues of \$125.00 Collected by:

Date

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