



# MEMBERSHIP APPLICATION

Date:		
Applicant's name:	First	Last
Business Name:		
Business Address:		
City	State	Zip
Business Phone:		
Home/Cell Phone:		
FAX#		
E-Mail Address:		

## OFFICE USE ONLY

Accept       Decline  
 \_\_\_\_\_  
 Authorized Signature

Membership Fee (due July 1st):      \$125.00

Total Enclosed with Application      \_\_\_\_\_

Describe Your Product or Service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

**Please answer all questions**

1. Experience in Field/Occupation: (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Education background in Field/Occupation or Degrees, Licenses or Credentials required to perform in Field/Occupation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is the occupation under which you are applying for membership a full or part-time occupation? \_\_\_\_\_

4. How long have you been with the company you are representing today? \_\_\_\_\_

5. Are you able and willing to make the commitment to arrive at our monthly meetings on time and stay throughout the 90 minutes? \_\_\_\_\_

6. What do you expect to contribute to PACES? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What is your ability to bring qualified leads and referrals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you belong to other networking organizations? \_\_\_\_\_ If so, please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Business References:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Business Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Business Relationship: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_