

Membership Application

Whittier Network Connection - A professional organization dedicated to generating business referrals

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|---|---|---|---------------------|
| LAST NAME | FIRST NAME | AREA CODE | PHONE NUMBER |
| BUSINESS NAME | | | |
| BUSINESS ADDRESS | | CITY | STATE ZIP |
| AGE OF BUSINESS | BRANCHES <input type="checkbox"/> YES <input type="checkbox"/> NO | FRANCHISE | BRANCH MANAGER NAME |
| OCCUPATION | | DISCOUNT TO MEMBERS ONLY <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> OTHER _____ | |
| <p style="text-align: center;">A "Member's" commitment</p> <p>* I will attempt to have a fellow member satisfy my business or personal needs whenever possible</p> <p>* I will attempt to recruit at least one new applicant who becomes a member every year</p> <p>* If I or my alternate miss two consecutive unexcused meetings, or we miss four unexcused meetings during a thirteen (13) week period, membership is subject to forfeiture.</p> <p>* I will report any breach of ethics to the Board of Directors</p> <p>* If I, or my company, fails to pay the membership fee or fails to keep current with renewal fees, then the Membership will be subject to forfeiture.</p> <p>* I will abide by and conform to the bylaws of the Whittier Network Connection organization and any subsequent changes to them</p> | | | |
| CATEGORY (BANKER, DENTIST, INSURANCE, ATTORNEY, ETC) | | | |
| DATE | SPONSOR NAME | APPLICANT'S SIGNATURE | |
| DATE | CHECK WITH APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | INSPECTOR'S SIGNATURE | |
| Additional information for committee consideration: | | | |