



WENATCHEE
 NETWORK GROUP
 wenatcheenetwork.com

Membership Application

\$50 joining fee (non-refundable)

Please Attach Your Business Card Here

Business Name		Application Date
Business Address (address, city, state, zip)		Email Address
Last Name	First Name	Business Type/ ONE Category Listing
Phone Number	Fax Number	Referred By

Do you currently belong to a networking group? _____

Which Group? _____

I agree to the following terms and conditions, if accepted:

- 1 I agree to a 60-day trial period, during which I will pass at least one referral/lead, and attend at least four (4) meetings.
- 2 I understand my participation is necessary to make networking a success. I will attend a minimum of two (2) meetings per month or send an alternate in my place. I understand that after four (4) consecutive absences, my position in Wenatchee Network Group will be automatically terminated and that category will be open. If I wish to rejoin, I will reapply as if I am a new member.
- 3 I will actively promote other member's businesses as often as possible. I understand that I am required to pass a
- 4 I agree to maintain ethical standards that are equal to or above that of the rest of my profession. I agree to be truthful with other members and any qualified referral.
- 5 I will always give high quality service, and provide products and services at prices I have quoted.
- 6 I will take responsibility for promptly following up on any leads/referrals I receive.
- 7 I understand weekly meetings will begin at 12:00 noon and I agree to stay for the entire meeting.
- 8 **I understand I will pay \$50 annual, non-refundable, membership renewal fee, due Feb. 28 each year.**
- 9 **I understand I am allowed to fill only ONE business category, even though my services may fall into other categories. I will be allowed to promote only that ONE business to other members in the group.**

LIST THREE BUSINESS PROFESSIONALS AS REFERENCES:

NAME	NAME	NAME
TELEPHONE NUMBER	TELEPHONE NUMBER	TELEPHONE NUMBER
BUSINESS NAME	BUSINESS NAME	BUSINESS NAME

THIS APPLICATION DOES NOT GUARANTEE MEMBERSHIP TO THIS GROUP. I UNDERSTAND THIS INFORMATION WILL BE USED IN VOTING ON MY APPLICATION, BY THE MEMBERSHIP COMMITTEE. YOU WILL BE CONTACTED WITH IN 2 WEEKS WITH OUR DECISION. I UNDERSTAND IF I RESIGN FROM THE NETWORK GROUP, OR MY MEMBERSHIP IS TERMINATED BY THE MEMBERSHIP COMMITTEE, THE JOINING FEE AND ANNUAL RENEWAL FEE IS NON-REFUNDABLE. I HAVE READ ALL THE ABOVE STATEMENTS AND QUESTIONS AND AGREE TO ABIDE BY THEM.

DATE	INSPECTORS SIGNATURE	SIGNATURE OF APPLICANT
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