

Last Name		First Name		Date:
Employer/Company		Employer Address		
Occupation	City	Zip Code	Phone (with area code)	
Email Address	Fax (with area code)		Cell Phone (with area code)	
Sponsor's Name:				

Describe your product or service (be specific):

Part II Applications Process (Please Read carefully)

1. A prospective member preparing to make application for membership must first obtain sponsoring member then complete this application and submit it with full payment to an officer of the chapter for review by the membership committee.
2. The membership committee completes the screening process and notifies the prospective member of acceptance or non-acceptance before the next meeting
3. In the event of non-acceptance of the application, the membership committee notifies and returns the application and payment to the applicant.

Part III Prospective Member Agrees to the following: (Please Read carefully)

1. Are you willing to support each member in this leads group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If I or my alternate miss three (3) meetings in a official term (6 months), excused or not, membership will be subject to review. A member arriving late or leaving early at a meeting will not be tolerated, and for purposes will count as an excused absence for calendar term attendance. Do you agree to this rule?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. If your membership is accepted, you cannot belong to a similar networking group, tip or barter organization. Does this pose a problem?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you agree to act and dress like a professional?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. By applying for membership in this chapter, you are asking its members to extend loyalty to you in the form of leads. Are you willing to make the same commitment to other members?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you understand that your membership maybe terminated because of lack of attendance, lack of leads given, or breach of ethics?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you understand that you are required to invite guests to chapter meetings and also encourage them to join?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Who are you networking with at the present time that your could bring to a meeting in an open category? (Please list 5 professionals you will invite on the back side of this application)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do you agree that you have received, read and understand the bylaws of The Folsom Lake Networking Group and will hold no member or officer liable for any reason?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I understand this information will be used in voting on my application. I understand if I resign from The Folsom Lake Networking Group (FLNG), or my membership is terminated by the Board of Directors, that my membership and renewal dues are non refundable. I have read and discussed all the above statements and questions and agree to abide by them all.

_____ Date _____ Signature of Applicant

---- Part IV Membership Committee Use ONLY ----

Verified Information: Yes No

Comments: _____

Recommendations to the President Accept Decline

If decline, was there a conflict with job descriptions of existing member? Explain: _____
