

# SUCCESSFUL NETWORKING ASSOCIATION

## Membership Application

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Full Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Description of your business: \_\_\_\_\_

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Business Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Name of person who is sponsoring you for group membership: \_\_\_\_\_

Number of years of service in current industry: \_\_\_\_\_

Do you work full-time in current industry? Y/N If no, please explain: \_\_\_\_\_

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List of professional designations and/or awards: \_\_\_\_\_

List of current professional affiliations: \_\_\_\_\_

Do you volunteer or are you involved with any local charities? Please explain: \_\_\_\_\_

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Are you in or have you ever participated in other referral groups? Please explain: \_\_\_\_\_

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How long have you resided in Austin? \_\_\_\_\_

What is your current monthly marketing budget? \_\_\_\_\_

Please explain your reasons for wishing to join the group: \_\_\_\_\_

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Please explain the benefits you could offer the group: \_\_\_\_\_

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What leisure activities or hobbies do you currently take part in? \_\_\_\_\_

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Please list all other information that you think may be relevant to the Selection Committee: \_\_\_\_\_

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\* Please complete the full application and provide it to your sponsor along with three reference letters from your client base. Your sponsor will then present it to the Selection Committee for review. You will be notified of the Selection Committee's decision within two business days following our next weekly lunch meeting.