

"Network Your Business to Success"

Friday Morning Networking

Friday mornings from 7 to 8:30 | www.FridayMorningNetworking.com

Membership Application

Name: _____ Title/Position: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Business Name: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website: _____

Type of Business and Category: _____

Number of Years in Business: _____ Personal Years of Experience: _____

Products and/or Services: _____

How did you hear about Friday Morning Networking?

Newspaper Chamber Other: _____

FMN Member (name): _____

FMN Member Sponsor: _____

I understand that acceptance into FMN is subject to review by the membership with final acceptance by the Board of Directors. A \$50 application fee must accompany your application. Your application fee will not be deposited until application receives final approval by the FMN Board of Directors. If not approved, your application fee will be returned.

Signature: _____ Date: _____

Application fee enclosed: \$ _____ Cash Check # _____

FINAL BOARD DECISION: Approved Not Approved Date: _____

Applicant notified date: _____ Added to website date: _____ Billing processed date: _____

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