



**Application** – Please return application & payment to membership committee chairperson. Total amount due with application: \$350.00 membership fee & \$100.00 quarterly dues.

Date: \_\_\_\_\_ Sponsor's Name \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Email address & Web address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Business phone \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS**

Experience in Field Occupation (be specific): \_\_\_\_\_

Educational background in Field/Occupation or Degrees, Licenses or Credentials required to perform in Field \_\_\_\_\_

How long have you been with the company you are representing today? \_\_\_\_\_ F/T or P/T \_\_\_\_\_

What do you expect to contribute to this chapter? \_\_\_\_\_

What is your ability to bring qualified referrals or visitors? \_\_\_\_\_

Do you belong to other networking organizations? If so, please list: \_\_\_\_\_

Is there an individual in your company who is able to represent you if you are unable to attend a meeting? **Y N**

Are you willing to abide by the ABG rules and procedures? **Y N** Have you ever been convicted of a felony? **Y N**

**BUSINESS REFERENCES**

1. Name \_\_\_\_\_ Position \_\_\_\_\_

Business \_\_\_\_\_ Phone: \_\_\_\_\_

Business Relationship (describe) \_\_\_\_\_

2. Name \_\_\_\_\_ Position \_\_\_\_\_

Business \_\_\_\_\_ Phone: \_\_\_\_\_

Business Relationship (describe) \_\_\_\_\_

**Membership Committee Use Only**

Member name & Date: \_\_\_\_\_

**Verified Information & References:** **Y N**

**Recommendations to President:** **Accept Decline**

**Comments:** \_\_\_\_\_