

# SDN MEMBERSHIP APPLICATION

1. The Salem Downtown Networkers group meets every Thursday to help each other develop their business by exchanging business leads and current marketplace information. You are encouraged to attend two consecutive meetings prior to applying for membership.

2. Complete the application and submit to leadership along with a check in the amount of \$175 (\$125 dues plus a one-time \$50 application fee) payable to SDN

3. The Membership Committee will review, and complete the screening process and notifies the applicant of acceptance or non-acceptance.

4. If a prospective member is accepted they are expected to begin attending meetings on a regular basis effective the week following their acceptance.

5. If a prospective member is not accepted, their check will be returned to them along with their application.

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

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Describe your product or services (be specific): \_\_\_\_\_

\_\_\_\_\_

What profession are you seeking to represent: \_\_\_\_\_

Will you make the commitment to attend meetings every Thursday from 7:00 a.m. to 8:30 a.m.? • Yes • No

Are you willing to abide by the group's policies, guidelines, and Code of Ethics? • Yes • No

If you are being sponsored by a current member of the SDN, please indicate who that is:

\_\_\_\_\_

Otherwise, please list two business references we can contact:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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

**UPON ACCEPTANCE, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION**

CODE OF ETHICS, NON-DISCRIMINATION DISCLOSURE AND ATTENDANCE POLICY

Upon acceptance, I agree to abide by the following Code of Ethics during service of my participation in the group:

Code of Ethics

- I will be truthful and build goodwill with the members and with their referrals.
- I will provide quality services and products and provide them at the prices I have quoted.
- I will follow-up on any referrals I receive.
- I will be a supportive member of SDN.
- I will abide by the ethical standards of my own profession as well as those of SDN.
- I expect to GIVE as well as RECEIVE and have fun growing my business with SDN

Non-Discrimination Disclosure

Applicants are selected for membership in all job classifications based on qualifications without regard to race, color, religion, sex, national, origin, marital status, age or handicap.

Attendance Policy

The success of any networking group is directly related to the participation and attendance of its members. Every member is making a commitment of their time and each members time must be respected. A member is allowed 3 absences without having a substitute, at which time a written warning will be given by the Secretary. Upon the next absence, a letter will be sent advising the member they have been placed on a 30 day probation and if the absences continue, their classification will be reopened. If another absence occurs during the probation period, the member will be notified in writing that their classification is being reopened and they are no longer a member of the networking group. Also, please be advised that being tardy or leaving early on a regular basis will also result in the above measures being taken.

By signing below, I acknowledge that I have fully read and understand the above policies and that I have received a copy of these policies to retain. I also acknowledge that I am not a member of another networking group, as SDN does not allow any of its members to belong to other networking groups other than the Chamber. I also acknowledge and agree that should I decide to relinquish my membership and/or be asked to relinquish my membership for violation of any of the above policies, my annual membership dues is non-refundable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name \_\_\_\_\_

\*\*\*\*\*MEMBERSHIP COMMITTEE USE ONLY\*\*\*\*\*

Verified Information and References: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_

Member calling on application: \_\_\_\_\_

Comments:

\_\_\_\_\_

If declined, explain briefly:

\_\_\_\_\_

Authorized signature (Membership Committee): \_\_\_\_\_ Date: \_\_\_\_\_