

# Membership Application



## APPLICATION PROCESS

1. A prospective member may attend two meetings as a visitor.
2. The Membership Committee completes the screening process and notifies the prospective member of acceptance or non-acceptance.
3. The Membership Committee notifies the President.
4. The President introduces the new member at the meeting following their acceptance.

## PLEASE PRINT

Date	Email:
Your Name:	Business Phone:
Business Name:	Cell Phone:
Business Address:	Fax #:
City, State, ZIP:	Application Fee: \$25.00 One-Year Membership: \$250.00 <b>Total Fee to be Paid With                  Application Submission: \$275.00</b>
Describe Your Product or Services (BE SPECIFIC):	
Please make checks payable to <b>Salem Downtown Networkers</b>	

ONCE ACCEPTED AS A MEMBER OF SALEM DOWNTOWN NETWORKERS, MEMBERSHIP FEES ARE NON-REFUNDABLE

1. Please list your experience in your business/profession. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. List your educational background, training, licenses, certifications or credentials that are required to perform your job (BE SPECIFIC). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Our meetings are 90 minutes, beginning at 7:00am. Are you willing and able to commit to arriving on time and staying for the entire meeting? \_\_\_\_\_
4. Are you willing to abide by SDN Policies & Guidelines? \_\_\_\_\_
5. Is there an individual who would be able to attend meetings on your behalf on those occasions you are unable to be here? \_\_\_\_\_
6. Do you belong to other networking organizations? If so, please list. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS REFERENCES**

List two business references:

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

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

Business Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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

Business Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

By signing this application, you are giving SDN's Membership Committee or representatives authorization to call your references.

\_\_\_\_\_  
Applicant's Signature

**MEMBERSHIP COMMITTEE USE ONLY**

Membership Committee Member: \_\_\_\_\_

Verified Information & References:  Yes      Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

RECOMMENDATION TO PRESIDENT     ACCEPT                       DECLINE

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

\_\_\_\_\_

\_\_\_\_\_

Membership Committee Member Signature: \_\_\_\_\_

