

# Application for Membership Synergy Networking Group

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

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail \_\_\_\_\_

Category: \_\_\_\_\_

Position with company: \_\_\_\_\_

Describe your area of business or practice: \_\_\_\_\_  
\_\_\_\_\_

Relations: Please describe what type of professional relationships that are most beneficial to your business: \_\_\_\_\_  
\_\_\_\_\_

Please list two business contacts/references:

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

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

Professional License # \_\_\_\_\_ Liability Insurance: \_\_\_\_\_  
(if required for your profession) (Company Name/Policy # - certificate may be required)

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For membership use only:

1. Meetings attended: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
2. Application date: \_\_\_\_\_
3. Approved for membership: \_\_\_\_\_
4. Membership is \$100.00