

Edina Professionals

Name: _____ Date: _____

Business Name: _____ Sponsor's Name: _____

Address: _____ City: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

E-Mail Address: _____ Website: _____

One Year Membership \$200.00 Payment Type: _____

Member Expectations:

- 1. Attend at least 75% of weekly meetings (tracked quarterly).**
- 2. Send a substitute when absent, whenever possible.**
- 3. Bring referrals and/or visitors to the group.**
- 4. Build goodwill with other members by meeting outside of weekly meetings.**

I understand and agree to fulfill these expectations.

Yes

No

Describe Your Products or Services: _____

How long have you been with the company: _____

Experience in Field/Occupation: _____

Education background or Degrees, Licenses/Credentials required to perform in Field/Occupation: _____

Can you commit to attend our weekly meeting for the 90 minute duration: _____

What do you expect to contribute to the group: _____

What is your ability to bring qualified referrals or visitors: _____

Do you belong to other networking organizations: _____ If yes, please list _____

What is your significant other's occupation? _____

Have you ever been convicted of a felony Yes No

Business References

Name: _____ Position: _____

Business: _____ Phone: (____) _____

Business Relationship: _____

Name: _____ Position: _____

Business: _____ Phone: (____) _____

Business Relationship: _____

Application Process

- Prospective member may visit the group twice
 - Steering Committee will process the application
 - Applicant will be notified of acceptance or non-acceptance within two weeks of submission
 - Steering Committee will announce new members at the meeting following the acceptance by the group
-

Internal Use Only

Verified References: Yes No

Comments: _____

Recommendation to Steering Committee: Accept Decline

If declined, comments: _____
