



Membership Application - Information

Date: _____

APPLICANT:

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Cell _____

Email Address _____ Web Site _____

Business:

Name _____

Type Business _____ Title/Position _____

Business Address: _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Cell _____

What Experience do you have in your occupation? _____

Tell us about your business products or services _____

Is there anything else your would like other member to know? If so, describe here. _____

How did you hear about Friday Morning Networking? Newspaper _____ Chamber _____ Letter _____ Business Associated _____ Other _____ (Below)

FMN Member (Name) _____

Sponsor (FMN Member)	Endorsement (FMN Member)
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I understand that acceptance into FMN is subject to review of the membership and fina acceptance by the board of Directors. A \$50.00 Applicatin Fee must accompany my application. Application Fee will not be deposited until application receives final acceptance by FMN Board of Directors. If not accepted by the Board application fee will be returned.

Signature _____ Date _____

Application Fee Enclosed \$ _____ Cash Check No. _____ Comments by Membership _____

FINAL BOARD RESOLUTION Approved _____ Disapproved _____ Date _____

Applicant Notified _____ Added to Web _____ Billing Processed _____

Initials Initials Initials