

PROFESSIONAL NETWORK CONNECTIONS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Date:
Title:		Phone:
Company:		Home Phone:
Address:		Cell Phone:
City:	State:	ZIP Code:
Email Address:		
Website:		

INTEREST INFORMATION

Products and/or Service:
Business Classification:
Your goals from becoming a member?
Referred By:

MEMBERSHIP PAYMENT OPTIONS

STANDARD NETWORK MEMBERSHIP: \$150.00 per year when paid in full.\$250.00 for 2 Years. **Please Check one:** ___\$150.00 , 1 Year___\$250.00, 2 Years

APPLICATION FEE MEMBERS ONLY: BOARD OF DIRECTOR ___\$50.00 NEW BUSINESS MENTOR-PROTÉGÉ ___\$50.00 ADOPTED CHARITY ___\$50.00

LIFETIME MEMBERSHIP: \$750.00 _____ **NATIONAL MEMBERSHIP:** \$500.00 (2 year membership) _____
(please check one if you are electing Lifetime or National Membership)

Make checks payable to: Professional Network Connections
You can pay online: www.pnconnections.org Click the RESOURCES tab, go to PAYMENT CENTER. Or call (864) 990-3273 to pay by credit card.

Please Check One: Check Included, Credit Card (Visa, MasterCard, Discover, or American Express) or Pay Online.

IF YOU ARE PAYING BY CREDIT CARD STOP HERE: Please fax application to number below or call 864-990-3273 with your credit card information. DO NOT LEAVE COMPLETED APPLICATION WITH CREDIT CARD INFORMATION WITH ANYONE!

Name on Card:		
Credit Card Number:		
Expiration Date:	3 Digit Security Code on Back of Card: (4 Digits for American Express)	
Address that Credit Card is Billed to:		
City:	State:	ZIP Code:

SIGNATURES

I understand that upon submittal of this application and acceptance from Professional Network Connections that I will attend 75% of the assigned Networks meetings. No refunds for cancellation from any Network.

Signature of applicant:	Date:
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OFFICE USE ONLY

Board Position:	Network:
PRESIDENT VP MEMBERSHIP VP EDUCATION VP MARKTING	Network or Area Manager:
Date Application Received:	Phone Number:
Classification:	Email:



Professional Network Connections
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