



PASADENA-ARCADIA NETWORKING GROUP

Application

NAME _____
LAST NAME FIRST NAME MIDDLE NAME/INITIAL (OPTIONAL)

BUSINESS REPRESENTING _____

ADDRESS _____
STREET ADDRESS

CITY STATE ZIP

PHONE/FAX/EMAIL _____
BUS. PHONE / EXT. BUS FAX RES. PHONE EMAIL

YOUR SPONSOR _____
THE PERSON WHO INTRODUCED YOU TO PAN

WHAT POSITION ARE YOU APPLYING TO FILL? (DESCRIBE ALL THE SERVICES YOU WISH TO REPRESENT AT THE PASADENA-ARCADIA NETWORKING GROUP)

HOW MANY YEARS HAVE YOU BEEN IN YOUR CURRENT PROFESSION? _____

(IF APPLICABLE) IS YOUR LICENSE CURRENT? _____ LICENSE NO. _____

ARE YOU REQUIRED TO TAKE CONTINUING EDUCATION COURSES? _____ WHEN WAS YOUR LAST COURSE? _____

IF YOU ARE A MEMBER OF ONE OF THE TRADES (plumber, roofer, contractor, etc) DO YOU HAVE LIABILITY INSURANCE? _____

PLEASE GIVE US THREE REFERENCES (BUSINESS REFERENCES PREFERRED)

NAME _____	NAME _____	NAME _____
COMPANY _____	COMPANY _____	COMPANY _____
PHONE / EXT. _____	PHONE / EXT. _____	PHONE / EXT. _____
RELATIONSHIP _____	RELATIONSHIP _____	RELATIONSHIP _____
_____	_____	_____
_____	_____	_____

DO YOU HAVE SOMEONE IN YOUR OFFICE / OR BUSINESS ACQUAINTANCE WHO CAN SUBSTITUTE FOR YOU? YES NO

1. I understand that consistency is important and will put forth a concerted effort to attend weekly or will send a substitute.
2. I will arrive at meetings on time.
3. I will bring guests/potential members to the meetings.
4. I will bring bona-fide business opportunities to my fellow members.
5. I understand that untruthful answers are a reason to deny or suspend membership.

I affirm that the answers I have given are correct to the best of my knowledge

SIGNATURE _____ DATE _____