

Royal Gorge Networking Group

Membership Application

Date: _____
Your Name: _____
Business Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Fax: _____
Cell Phone: _____
E-mail: _____

Current Fees	
New Member dues:	\$99.00
(Upon Acceptance, all fees are non-refundable)	

Sponsor Name: _____
Business Classification: _____

Thank you for your interest in the Royal Gorge Networking Group.
Please note: all applications will be reviewed by the membership committee and/or current officers. You will be notified of the final decision of acceptance or non-acceptance as quickly as possible.

General Questions

Please list your professional experience in your field/occupation: _____

Please list your education/training in your field/profession. Include any degrees, licenses and/or credentials: _____

Is the occupation under which you are applying a full or part-time occupation: _____

How long have you been with the company you are representing? _____

Are you able and willing to faithfully attend our meetings? _____

Is there an individual(s) in your company who is able and willing to fill in for you if you are unable to attend a regular meeting? _____

What are you hoping to get from, and give to, this group: _____

Upon what basis do you expect to be able to give qualified referrals or to attract new members? _____

Are you currently a member of another networking group(s)? _____

If so, please list: _____

Business References

1. Name: _____ Position: _____
Business: _____ Phone: _____ FAX: _____
Describe your business relationship: _____

2. Name: _____ Position: _____
Business: _____ Phone: _____ FAX: _____
Describe your business relationship: _____

Note: Please feel free to attach a resume or brief biography for additional information.

Royal Gorge Networking Group Code of Ethics

- 1. I will strive to promote goodwill among members and their referrals.
- 2. I will strive to provide excellence in goods and services to members and their referrals.
- 3. I will strive to be honest in all of my dealings with members and their referrals.
- 4. I will be professional and responsive to members and their referrals.
- 5. I will strive to uphold the ethical standards established by my profession.

Applicant's Signature: _____ Date: _____

Thank you for taking the time to complete this application. We hope that we will be able to join together in developing a lasting, mutually beneficial business relationship.

Membership Committee/Officers Use Only

Verified Information and References: YES _____ NO _____

Individual member completing the verification: _____ Date: _____

Comments: _____

ACCEPTED _____ DECLINED _____

Comments: _____

If declined, was there a conflict with the classification of a current member? _____

If yes, explain: _____