

MEMBERSHIP APPLICATION

BRainerd AREA NETWORK GROUP

Date: _____

LAST NAME FIRST NAME MI

SPONSOR NAME

BUSINESS NAME

YOUR OCCUPATION/PROFESSION

ADDRESS

PRODUCT/SERVICE

CITY STATE ZIP

DESCRIBE IN DETAIL, PRODUCTS AND SERVICES OF YOUR COMPANY

BUSINESS PHONE

MOBILE PHONE

OF YEARS IN BUSINESS

OF EMPLOYEES

E - MAIL

1. Are you familiar with attendance requirements? Yes No Will they pose a problem? Yes No
2. If your membership is accepted, you cannot belong in a similar area network group. Does this pose a problem? Yes No
3. By applying for membership, you are asking members to extend loyalty to you in the form of referrals and leads.
Will you make the same commitment? Yes No
4. You are required per the by-laws to give a minimum of 2 referrals per month.
Are you willing to make this commitment? Yes No
5. Do you understand that your membership may be terminated due to lack of attendance or referrals given? Yes No
6. We require that you conform to the Brainerd Area Network Group by-laws, rules and procedures.
Does this pose a problem? Yes No
7. Do you understand that payment of new member dues are required upon approval of membership? Yes No

I understand this information will be used by the membership in voting on my application.
I understand if I discontinue my membership or my membership is terminated by the board of directors,
my membership and dues are not refundable.
I have read and discussed all the above statements and information, and I do accept them.

Applicant Signature

Membership Committee Signature