

Wallingford Alliance Group

Registration Fee:	\$
Participation Quarterly Fee	\$
Total Enclosed	\$
Applicant's Signature	

APPLICATION

Date:	
Applicant's Name:	
Business Name:	
Business Address:	
City: State: Zip:	
Email Address:	
Business Phone:	
Home Phone:	
Fax Number:	

UPON YOUR ACCEPTANCE FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION

PART II (Please Read Carefully)

1. A prospective member may attend three meetings as a visitor. Prospective members then complete and submit it with a check to the Membership for review.
2. The Members as a group will follow up on references and vote on the prospective member of acceptance or non-acceptance.
3. A member will notify prospective member with their status prior to them attending another meeting.
4. New Members will receive welcome introduction at the meeting.

PART III (Please answer all questions)

1. **Experience in Field/Occupation**(be specific in stating what service or product you perform or sell): _____
2. **Are you able and willing to make commitment to arrive at our bi-weekly meeting on time and stay throughout the 90 minutes?** _____
3. **What is your ability to bring qualified referrals or visitors?**

4. **Do you belong to other networking organization?** _____ **If so, please list** _____

5. Have you been involved in any other networking organization? _____ If so, please list _____

PART IV

Business Referrals

Do you know anyone else who may be interested in joining our group?

Name: _____ Position _____

Business: _____ Phone: _____

Business Relationship (Describe) _____

Name: _____ Position _____

Business: _____ Phone: _____

Business Relationship (Describe): _____

Applicant's Signature _____ Please feel free to submit resume or biography for additional information.

PART V

MEMBERSHIP COMMITTEE USE ONLY

Verified information and References: Yes No

Accepted Denied Date: _____

Comments: _____

