



APPLICATION FOR MEMBERSHIP

Your Name _____ Date _____

Business Name _____

Primary Professional/Services of Business _____

Please list all business activities in which you, the applicant are engaged.

Number of Years in Business _____

Address _____

State _____ Zipcode _____

Work Phone _____ Cell Phone _____

Email _____ Website _____

3 Business References with Phone Number:

I have read and understand Networking Associates of Bucks' Rules. I acknowledge that NAB allows only one member in each professional/business category as determined by NAB. The category of each participant represents their primary occupation, full-time business. Attendance and participation by members is expected and critical to success.

All of the information I have provided on this application is a complete and truthful representation of my business activities. I am properly licensed to engage in the business activities described above in accordance with all applicable laws and regulations. I acknowledge that failure to disclose information about my business activities may result in termination of my membership. Membership in Networking Associates of Bucks is not guaranteed and is determined by the membership and its Membership Rules.

Applicant Signature

Date