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Membership Application

PNA Sponsor: _____

Date: _____

Application Information			Chapter:		
Name:			Company Name:		
Home Address:			Company Address:		
City:	State:	Zip:	City:	State:	Zip:
Bus Ph:		Fax:		Pager:	
Home Ph:		Cell Ph:		Date of Birth:	
E-mail:			Website:		
Position:			How Long in this Line of Work:		
Education/Certifications/Qualifications:					
Describe your market position compared to your competition:					
Describe your product or service in detail:					
Have you or are you currently a member of any other networking or professional organizations:					
Org:		Dates:			
Org:		Dates:			
What networking strengths and experience do you have?:					



References	
1. Business Name:	
Contact:	Phone Number:
Nature of relationship or service provided:	
Reference verified by:	Date:
2. Business Name:	
Contact:	Phone Number:
Nature of relationship or service provided:	
Reference verified by:	Date:
3. Business Name:	
Contact:	Phone Number:
Nature of relationship or service provided:	
Reference verified by:	Date:

Membership Fees	
Registration Fee: \$75.00 Annual Dues: \$180.00 (Prorated for full months left in year)	
Dues for Current Year: __ months x \$15.00:	\$ _____
Registration Fee: \$75.00 (one time fee):	\$ <u>75.00</u>
Total Due:	\$ _____
<p>1. The information provided is true and accurate to the best of my knowledge. I authorize the verification of all information provided on this form. I understand that false information may lead to the refusal of my application.</p> <p>2. I agree to uphold the highest standards of my profession.</p> <p>3. I agree to pay my PNA dues by January 15th each year.</p> <p>4. I agree to abide by the guidelines established by the PNA membership.</p>	
Signature:	Date: