

Pearl Professional Network Membership Application

Date: _____

Applicant's Name: _____	First _____	Last _____	E-Mail Address _____
Business Name: _____			Business Phone: _____
Business Address: _____			Home Phone: _____
_____			Fax #: _____
City: _____	State: _____	Zip: _____	

Describe Your Product or Services (be specific): _____

1. Experience in Field/Occupation (be specific): _____

2. Education background in Field/Occupation or Degrees, Licenses or Credentials required to perform in Field/Occupation: _____

You may attach resume or biography for additional information.

1. Is the occupation under which you are applying for membership a full or part-time occupation? _____

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

3. Are you able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the 90 minutes? _____

4. What do you expect to contribute? _____

5. What is your ability to bring qualified referrals or visitors? _____

6. Do you belong to other networking organizations? _____ If so, please list _____

List Business References:

(1) Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe): _____

(2) Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe): _____

Signature _____