



# South Sound Networking Membership Application

<b>Information</b>	
Date	
Name	
Sponsor Name	
Company Name	
Business Category	
Mailing Address	
Office Phone Number	
Cell Phone Number	
Email Address	
Your Position in the Company	
Number of Years in Business	
<b>Costs</b>	
Membership Fee (single attendee)	<b>First Year: \$175</b> , annual renewal only \$125
Corporate Fee (multiple alternate attendees)	<b>First Year: \$250</b> , annual renewal only \$200
Quarterly Dues	\$210 (Pro-rated If you join mid quarter)
<b>Note:</b> Check must be submitted With completed application form	Check Number #: _____ Date: _____

## South Sound Networking

### Member Commitments:

- I understand that SSN membership is owned personally and cannot be sold or transferred regardless of who pays for the membership. Yes:\_\_\_ No:\_\_\_
- I understand that I must attend a new member orientation within 60 days of joining this SSN Chapter. Yes:\_\_\_ No:\_\_\_
- I am willing to support fellow SSN Members by passing them referrals. Yes:\_\_\_ No:\_\_\_
- I realize that I can apply for one category for membership Yes:\_\_\_ No:\_\_\_
- I realize that this category must be my primary source of income. Yes:\_\_\_ No:\_\_\_
- I agree to follow the attendance rules for the chapter and call or text the Vice President if I must miss a meeting. Yes:\_\_\_ No:\_\_\_
- I understand that I cannot belong to another networking group while a member of SSN, however Chamber and Service Clubs are acceptable. Yes:\_\_\_ No:\_\_\_
- I agree to follow the by-laws, procedures and any change that occur. Yes:\_\_\_ No:\_\_\_
- I agree to provide a minimum of 2 referrals per month to any fellow member. Yes:\_\_\_ No:\_\_\_
- I agree to attempt to sponsor a new member once a year. Yes:\_\_\_ No:\_\_\_
- I understand the membership dues are not refundable unless I am not voted into the chapter. Yes:\_\_\_ No:\_\_\_
- I understand that my first duty will be to invite 5 new business professionals to visit our group. Yes:\_\_\_ No:\_\_\_

First duty as new member, is to invite 5 new business professionals, LIST THEM HERE:

Name	Phone	Category	Business Name

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_