



PBNGROUP.ORG

2014 Membership Application for PBN

PBN Sponsor: _____

Date: _____

Yearly Membership Fee is Non-Transferable

Application Information			Chapter: PBN		
Name:			Company Name:		
Home Address:			Company Address:		
City:	State:	Zip:	City:	State:	Zip:
Bus. Ph:			Fax:		
Home Ph:		Cell Ph:	DOB:		
E-Mail:			Website:		
Position:			How long in this line of Work:		
Education/Certification/Qualifications:					
Describe your market position compared to your competition:					
Describe your product or service in detail:					
Have you or are you currently a member or any other networking or professional organizations:					
Org: _____		Date: _____			
Org: _____		Date: _____			
What networking strengths and experience do you have?:					
Professional References			Verified By:		
1. Business Name:		Contact:	Phone #:		
2. Business Name:		Contact:	Phone #:		
3. Business Name:		Contact:	Phone #:		

Membership Fees	
Annual Dues: \$595.00 (You may prorate amount for full months left in year) * does NOT include luncheons, breakfast or mixers	
Dues for Current Year: _____ months x \$49.58:	\$ _____
A one time processing fee	+ \$75.00
Total Due:	\$ _____
<ol style="list-style-type: none"> The information provided is true and accurate to the best of my knowledge. I authorized the verification of all information provided on this form. I understand that false information may lead to the refusal of my application. I agree to uphold the highest standards of my profession. I agree to pay my PBN annual membership dues by January 5th each year with a 1 year commitment. I agree to pay PBN \$95.00 monthly membership dues. (Includes a monthly Power Breakfast, Power Lunch, Power Mixer and all Platinum Level Benefits) I agree to abide by the guidelines established by the PBN membership. 	
Signature: _____	Date: _____