

NAPA SUCCESS CONNECTION

MEMBERSHIP APPLICATION

NAME: _____

COMPANY or EMPLOYER: _____

BUSINESS ADDRESS: _____

RESIDENCE ADDRESS: _____

BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL: _____

WEBSITE: _____

PROFESSION: _____ YEARS IN INDUSTRY: _____

OWN BUSINESS?: YES NO STARTING UP (please circle)

PREVIOUS WORK EXPERIENCE, PROFESSIONAL CERTIFICATIONS: _____

In 100 words or less, please describe your business on a separate sheet of paper attached to this application.

Members attend weekly meetings on Wednesday from 8:15 a.m. to 9:00 a.m. Yearly dues are \$120, with a one-time initiation fee of \$30. To be a member in good standing requires payment of your dues and attending weekly meetings. Members who have three (3) consecutive, unexcused absences are in jeopardy of having their membership status revoked.

Dated: _____

I have read and acknowledge the above.

[Signature]

Please return this completed form to the President. Your application will be voted on by the entire membership.