



NETWORK OF TACOMA Membership Application

Please attach your business card

Please type or print legibly

Last Name:	First Name:	Company Name:	Phone # with Area Code
Address:	City:	State: Zip:	FAX # with Area Code:
Badge Name:	Category (Dentist, Banker, etc.):	E-mail:	Web Address:
Sponsor's Name:		Date:	
Please give check, payable to: Network of Tacoma, to Membership Chairperson: \$150 membership fee plus quarterly dues of \$195 (pro-rated to \$15 per week for remainder of quarter) _____			

ALL FEES ARE NON-REFUNDABLE

1. Meetings are important. If you miss two consecutive unexcused meetings or four meetings (excused or unexcused) in a quarter, your membership is subject to termination.
2. If your membership is accepted, you agree not to belong to any other networking organization or tip club. Service organizations and Chamber of Commerce do not apply to this rule.
3. Each member is expected to read and sign the Bylaws of Network of Tacoma.
4. You are expected to help grow our organization by bringing guests to our lunch meetings where conflicts with other members do not exist.
5. Members are expected to provide two referrals per month for other members.

I understand that by signing this application I am agreeing with the Network of Tacoma's commitments.

Date

Signature of Applicant

Signature of Ambassador

Network of Tacoma
PO Box 112431
Tacoma WA 98411