
Trusted Networking Advisors

MEMBERSHIP APPLICATION

DATE: _____ APPLICANT'S NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

DESCRIBE YOUR PRODUCT OR SERVICE:

SPECIFIC PROFESSION APPLYING FOR:

BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

WEBSITE: _____

ARE YOU A CURRENT MEMBER OF ANY OTHER REFERRAL/NETWORKING GROUP? _____

IF YES, WHICH GROUP _____

REFERENCES: Two other than the TNA member that referred you.

NAME: _____ POSITION: _____

BUSINESS NAME: _____ PHONE: _____

NAME: _____ POSITION: _____

BUSINESS NAME: _____ PHONE: _____

How did you hear about TNA? _____

Who referred you to the TNA group? _____



How do you feel your membership will benefit the current members:

What do you hope to gain or how do you hope to benefit from your membership?

Your application should be submitted to a member of the Membership Committee. Applications are discussed and voted on the during our Director’s meeting which is held on the third Tuesday of the month. Our goal is to have the application accepted or denied within three weeks, an incomplete application can delay the acceptance time. The applicant is welcomed to continue to attend the meetings while the application is being processed.

*DUES: \$120.00 ANNUALLY Prorated and due upon acceptance. Once accepted, your acceptance letter will indicate the amount due for the remainder of the year.

*Please include a resume with your application.

*****TNA USE ONLY*****

Date Submitted:_____ Date Voted Upon: _____

Date Applicant Notified:_____ Dues Requested:_____

Additional Information Requested:_____

Meetings Attended:_____

