## **Membership Application**

Guests are welcome to come to two meetings before submitting application Complete this form and return to VAN leadership by your third meeting



## Contact Information

Signature:\_

Contact information	ACTION NETWORK
	Business Category:
Company:	Phone:
Address:	City: Zip:
	Email:
Sponsor Name/Referral Source:	
<b>Dues Information</b>	
First quarter dues and new member fee are Checks will be held until the applicant is ap Quarterly dues (first quarter is prorated) - New member application fee (one time) - \$2	oproved, dues and fees are non-refundable. \$60
Pillars of Success - Membership Agreen	nent (Please Initial)
	tay for the entire meeting. I will not miss more than three
meetings in a quarter, and understand that exc	essive absences or tardies may cause me to lose my position in the
group. If I am not able to attend a meeting I wil	ll make every effort to send a substitute as described in the VAN
Bylaws.	
	te in meeting discussions and be mindful of the length of my
	ne keeper and the alarm by not speaking beyond the allotted
time.	oots to our mosting who I believe will be an asset to our group
•	ests to our meeting who I believe will be an asset to our group or possible referrals for other members and I will ensure that
those referrals are qualified. I will attend all sp	•
<u> </u>	member training meetings within 30 days. I will fulfill any
assigned temporary role, and support the quar	
	I is looking for qualified professionals and certify that I have all
licenses and insurance required in my industry	. I am a full time professional in my category and it is my primary
	members of VAN to join my business. I will pay my quarterly
dues at the first meeting of each quarter. I agre	e to conduct myself in a positive and professional manner during
meetings while adhering to all VAN Bylaws, Rul	es, and Procedures. Lastly, I understand that I am responsible for
my seat and category and that they are non-tra	nsferable.
Applicants please have 1 on 1 meetings with and have them sign below.	n two non-leadership members, besides your sponsor,
Member Name:	Member Name:
Member Signature:	
C	
Member Signature	
By signing you agree that you have read over	er this application and agree to the membership rules.

\_\_ Date:\_\_



## MEMBER BIO

Member Name:	Business Name:
Profession:	Years in Business:
Previous Types of Jobs:	
Birthday:	
Optional:	
Spouse:	
Children:	
Pets:	
Hobbies:	
Activities of Interest:	
City of Residence:	How Long: