



Membership Application & Questionnaire

Name: _____ Category: _____

1. What expectations do you have from being a member of the Butler Area Networking Group?

2. Please describe your business and services, and how you gain new customers/clients.

3. Members may not have 2 consecutive unexcused absences or miss more than 3 meetings in a quarter. Are you willing to commit to regular attendance at meetings? Yes ___ No ___ (Note: If you have an alternate, they can attend when you cannot)

4. When my application is approved, I agree to the following:

- A. To follow up on referrals I receive within 24 hours _____ (Initials)
- B. To attend meetings on a regular basis _____ (Initials)
- C. To pay membership/ meals dues in a timely manner _____ (Initials)
- D. To bring a guest to meetings once per quarter _____ (Initials)
- E. To give a minimum of 2 referrals per month _____ (Initials)
- F. I understand that my membership may be terminated if I fail to comply to B.A.N.G's rules and regulations _____ (Initials)

Signature of applicant: _____ Date: _____

The decision as to whether an applicant is granted or denied membership is within the sole discretion of Chapter members and all such decisions will be made without regard to race, color, religion, national origin, gender, age, disability or veteran status.