

MEMBERSHIP APPLICATION

DATE: _____
CHAPTER: _____
REFERRED BY: _____



NAME: _____

TITLE: _____

COMPANY: _____

INDUSTRY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

WHAT WILL YOU BE BRINGING TO THE GROUP:

THREE PROFESSIONAL CONNECTIONS IN YOUR NETWORK:

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

NAME: _____ EMAIL ADDRESS: _____

MEMBERSHIP:

Upon approval, this membership entitles you to a guaranteed spot for your specific industry in the specified chapter noted above. This membership follows you, the individual, and is not owned by the company you represent. It is only transferable upon preapproval from the Area Director. This membership will follow you in the event you need to change chapters. Center Sphere maintains the right to accept or reject an application or terminate existing membership at any time.

MEMBERSHIP FEE:

Applications received without payment will not be processed. Please contact management if you need an invoice for payment.

Monthly (\$29.95/month and one-time activation fee): _____ Annual (\$299 +one-time activation fee) _____
One Year Commitment

SIGNATURE: _____ DATE: _____