

**People First Networking  
Membership Application 2010**

Today's Date: \_\_\_\_\_ Enrollment Date (PFN entry Only) \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers  
Office \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Company Website \_\_\_\_\_

Business Name \_\_\_\_\_

Business Type \_\_\_\_\_

Your Position/Title \_\_\_\_\_

Business Description:  
\_\_\_\_\_

How long have you been with your current company? \_\_\_\_ Years \_\_\_\_ Months

How long have you been in this industry? \_\_\_\_ Years \_\_\_\_ Months

Secondary Business & Description \_\_\_\_\_

Special interests/hobbies  
\_\_\_\_\_

How did you hear about PFN?  
\_\_\_\_\_

Why do you want to join PFN?  
\_\_\_\_\_

Would you consider being part of PFN's leadership team?

Yes \_\_\_ No \_\_\_

Will you commit to attending at least eight meetings per Quarter?

Yes \_\_\_ No \_\_\_

Would you like to be listed on the PFN's website?

Yes \_\_\_ No \_\_\_

What do you expect from PFN?  
\_\_\_\_\_

Other networking group's you belong to? \_\_\_\_\_

Please use the back of this application for any additional information you would like PFN to know about you and/or your company.

**Application must be submitted with a check or cash in the amount of \$20.00 made payable to PFN.**

This fee will be applied to your first membership dues payable each quarter, this amount varies due to the date you join PFN, please verify with our Treasurer for final total due for membership.

Visit our website [www.peoplefirstnetworking.org](http://www.peoplefirstnetworking.org) for more information and our creed.