

Date Applied: _____

Date Paid: _____

Refund Given? _____

P.E.P. Net Membership Application

People Empowering People Network

Application Fee \$20

(Application fee will be returned if not accepted in the group)

Member Name: _____

Company Name: _____

Business Address: _____

Phone: _____ Email: _____

Category Applying For: _____

References:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

On a scale of 1-10, how committed are you in growing our Networking group? _____

Briefly tell us what you would do to help make this group successful:

Briefly tell us why you would like to be a part of our Networking group:

Are you currently a member of another networking group?

_____ Initial here to say that you have read, understand and are agreeing with the PEP Net Bylaws.