

# Advantage Alliance Membership Application

Application Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

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

Business Address \_\_\_\_\_

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

Website Address \_\_\_\_\_

Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

## Membership Fee & Classification

\$20 Application Fee and \$150 Annual Fee

*Cash or Check accepted. Please make check payable to Advantage Alliance.*

Referred by \_\_\_\_\_

Industry Represented \_\_\_\_\_

Professional Classification \_\_\_\_\_

Experience in Professional Classification, including certificates, degrees, licenses, credentials, etc. \_\_\_\_\_

## Standards & Expectations

*Please write **yes** after each statement to show you have read and agree to our Standards and Expectations.*

Are you able and willing to make the commitment to attend our bi-weekly meetings? \_\_\_\_\_

Are you able and willing to send a substitute if you are unable to attend a meeting? \_\_\_\_\_

Are you able and willing to bring referrals and visitors to attend a meeting? \_\_\_\_\_

What other networking organizations do you belong to? \_\_\_\_\_

*Internal Use Only*

*Date Application Received \_\_\_\_\_ Approved \_\_\_\_\_ Notified \_\_\_\_\_ Application Fee paid \_\_\_\_\_*

*Membership Committee Member Signature \_\_\_\_\_*