



APPLICATION FOR MEMBERSHIP

Date	E-Mail Address
Applicant's Name	Business Phone
Business Name	Fax #
Business Address	Cell Phone (Optional)
Do you currently belong to any other exclusive network group?	
Professional Background: _____ _____ _____	
Previous Networking Experience: _____ _____ _____	
Your Target Market: _____ _____	
What do you bring to this group? _____ _____ _____	
Signature	Date

In signing this application I attest that I have read and understand all of the bylaws and Values that represent EBN group. I agree with and will abide by these standards. I understand that I am subject to dismissal that may or may not be explained at the time of my dismissal or rejection of membership.