



# Gulf Coast Networking

"Get our NETWORK working for you!"

## NEW MEMBER APPLICATION

DATE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ CELL OR HOME PHONE #: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ FAX PHONE #: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DESCRIBE YOUR PRODUCT OR SERVICE (SPECIFY): \_\_\_\_\_  
\_\_\_\_\_

SPONSOR'S NAME (INVITED BY): \_\_\_\_\_

**APPLICATION PROCESS:** A prospective member may attend two meetings as a visitor. A prospective member must have a sponsor, complete the application and submit it with full payment.

Please Answer ALL Questions

1. WHAT IS YOUR EXPERIENCE IN THIS FIELD/OCCUPATION? \_\_\_\_\_

2. WHAT IS YOUR EDUCATION IN THIS FIELD/OCCUPATION, DEGREE REQUIREMENTS, LICENSES, OR CREDENTIALS REQUIRED TO PERFORM IN THIS FIELD/OCCUPATION? \_\_\_\_\_  
\_\_\_\_\_

3. IS THE OCCUPATION UNDER WHICH YOU ARE APPLYING FOR FULL OR PART-TIME? \_\_\_\_\_

4. HOW LONG HAVE YOU BEEN WITH THE COMPANY YOU ARE REPRESENTING? \_\_\_\_\_

5. ARE YOU ABLE AND WILLING TO ATTEND ALL MEETINGS AND TRAINING SESSIONS, ARRIVE ON TIME AND STAY THROUGHOUT THE MEETING AND HAVE A SUBSTITUTE IF YOU ARE UNABLE TO ATTEND? \_\_\_\_\_

6. IS THERE AN INDIVIDUAL IN YOUR ACQUAINTANCE THAT WOULD BE WILLING TO ACT AS A SUBSTITUTE SHOULD YOU BE UNABLE TO ATTEND A REGULARLY SCHEDULE MEETING? \_\_\_\_\_ NAME? \_\_\_\_\_

7. WHAT DO YOU EXPECT TO CONTRIBUTE TO GULF COAST NETWORKING? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application continued

8. WHAT IS YOUR ABILITY TO BRING QUALIFIED REFERRALS OR VISITORS? \_\_\_\_\_

9. DO YOU BELONG TO OTHER NETWORKING ORGANIZATIONS? \_\_\_\_\_ IF SO, PLEASE LIST: \_\_\_\_\_

10. HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

Business References

LIST BUSINESS REFERENCES:

1. NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

BUSINESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

BUSINESS RELATIONSHIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

BUSINESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

BUSINESS RELATIONSHIP: \_\_\_\_\_

Code of Ethics

I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.

1. I will provide the quality of service at the prices that I have quoted.
2. I will be truthful to the members and their referrals.
3. I will build good will and trust among the members and their referrals.
4. I will take responsibility for following up on the referrals that I receive.
5. I will display a positive and supportive attitude with the members of Gulf Coast Networking.
6. I will live up to the ethical standards of my profession.

Professional standards outlined in a formal code of conduct for any profession supercede the above standard.

Any violation of the Code of Ethics is grounds for dismissal at the review of the Membership Committee.

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEMBERSHIP COMMITTEE USE ONLY**

Verified Information and References:  YES  NO Member: \_\_\_\_\_

Recommended for Membership:  Accepted  Declined President's Signature: \_\_\_\_\_