



Membership Application Form

Name: _____ Type of Business: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bus Phone: _____ Home Phone: _____

Cell Phone: _____ Fax Phone: _____

E-mail: _____ Web site: _____

Is this business your () Full-time or () Part-time occupation? Are you the () Owner or () Employee?

How did you Hear About NWI NP? () E-mail () Newspaper () Referred By: _____

Please list your category or categories: _____

Please describe the services and/or products that your company offers:

Business Date of Establishment: _____ Number of team employees: ___FT___ PT _____ Temp

Please list the 2 most important benefits that you want to gain from joining NWI NP?

Please give us the name and number of anyone that could benefit from NWI NP?

Name: _____ Phone: _____ Company: _____

Name: _____ Phone: _____ Company: _____

Please check to make sure that you have completed all information above



Commitment to Join NWI NP

As an NWI NP member, it is very important that you are committed to being a contributing member and are involved in the group because it will mutually benefit all members. You need to be committed to attending and contributing.

By signing this sheet, you agree to adhere to all guidelines in the Operating Manual.

Signed: _____ Name: _____ Date: _____