



Gulf Coast Networking

"Get our NETWORK working for you!"

New Member Application

Date: _____	Email Address: _____
Applicants Name: _____	Business Phone: _____
Business Name: _____	Cell or Home Phone: _____
Business Address: _____	Fax Number: _____
City, State: _____	Zip Code: _____

Describe your product or service below:

Sponsor's Name: _____

Application Process: A prospective member may attend two meetings as a visitor. A prospective member must have a sponsor, complete this application, and submit it with full payment.

Please, answer ALL of the questions below:

1. What is your experience in this field/occupation?

2. What level of education is required to perform in this field/occupation? (licenses, degrees, continuing educations, certifications, etc.)

3. Are you full or part-time in this field/occupation?

4. How long have you been with the company that you are representing?

5. What do you expect to contribute to Gulf Coast Networking?

6. What is your ability to bring qualified referrals or visitors?

7. To what other networking organizations do you belong?

8. Have you ever been convicted of a felony?

Business References

Name: _____	Position: _____
Business: _____	Phone: _____
Relationship: _____	

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Business: _____	Phone: _____
Relationship: _____	

Code of Ethics

1. I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.
 2. I will provide the quality of service, at the prices that I have quoted.
 3. I will be truthful to the members and their referrals.
 4. I will build good will and trust among the members and their referrals.
 5. I will take responsibility for following up on the referrals that I receive.
 6. I will display a positive and supportive attitude with the members of GCN.
 7. 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.

Membership Agreement

I UNDERSTAND AND AGREE THAT I WILL ATTEND ALL MEETINGS AND TRAINING SESSIONS , ARRIVE ON TIME, AND WILL STAY AT THE MEETING UNTIL IT IS CLOSED BY PRESIDING OFFICER; OR HAVE A SUBSTITUTE ATTEND ALL MEETINGS, IF I AM UNABLE TO ATTEND. I UNDERSTAND THAT PAID SUBSTITUTES ARE AVAILABLE, BUT IT IS MY RESPONSIBILITY TO CONTACT THEM, PAY THEM, AND ENSURE THAT THEY CAN GIVE MY 1 MINUTE SPEECH AT ALL MEETINGS. FURTHER, I HEREBY STATE THAT I HAVE ACQUAINTANCES THAT CAN AND WILL ATTEND MEETINGS WHEN I AM UNAVAILABLE, IF I CHOOSE NOT TO USE A PAID SUBSTITUTE.

Your Signature: _____ Date: _____

Membership Committee Use Only

Information and References Verified? ___ Yes ___ No Member: _____

Recommended for Membership: ___ Accepted ___ Declined

President's Signature: _____

