

STING

STING Membership Application

The purpose of this application is to ensure we select the highest quality professionals in our community for this group. We will choose the prospective members that best fit the vision for our group and that we believe can contribute to the overall well-being of our current members. Space is limited and filling out this application does not ensure membership. All applications will be reviewed. Please be as thorough as possible and answer these questions to the best of your ability.

Applicant Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone No: _____

Type of Industry: _____ Years of Experience: _____

Do you own your company: Yes No Local or corporate: Local Corporate

Do you hold any professional designations or licenses: Yes No

List Designations or Licenses: _____

List 2 Business References:

Name _____ Business _____ Relationship _____

Email address _____ Phone _____

Name _____ Business _____ Relationship _____

Email address _____ Phone _____

How did you hear about our group: _____

Were you referred to the group: Yes No Referred by: _____

Do you currently attend or participate in other networking groups: Yes No

If Yes, what groups: _____

Describe why you would like to join our group: _____

Do you serve on a board(s) or are you a part of any membership organizations? Yes No

Names of Boards or Membership Organizations: _____

How can this group help you moving forward? _____

How can you help this group moving forward? _____

Please note that a member of our membership team will reach out following the submission of your application for a follow up meeting. You will have the opportunity to ask questions as well as share more about yourself and why you would like to join STING.