



# MEMBERSHIP APPLICATION

Company     Personal     Change

## BUSINESS INFORMATION

Sole Proprietor     Corporation     LLC     Other

Name: _____		
Address: _____		
Telephone: _____	Fax: _____	Cell: _____
eMail: _____		
Website: _____		
Position with Company: _____		License or CCB#: _____

## APPLICANT INFORMATION

Name: _____		
Address: _____		
Telephone: _____	Cell: _____	Message: _____
eMail: _____		

## SPONSOR AND CATEGORY

Sponsor Name: _____	
Category Applied for: _____	

By signing below, I acknowledge I have read, understand, and agree to follow the rules, requirements, policies, and By Laws of Networks of Salem. I have not been convicted of a felony in any court of law. I also agree to a background check if requested.

Signature: \_\_\_\_\_

Company Representative     Company Officer     Owner

Date: \_\_\_\_\_

Personal Check     Company Check     Credit Card

Check/Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_

**ATTACH BUSINESS  
CARD HERE**