

MEMBERSHIP APPLICATION

INSTRUCTIONS TO APPLICANT:

Date Received

Thank you for considering a membership in the Rogue Valley Networking Council. In order to properly have your application processed quickly and efficiently, please fill out all the information which has an (*) astrick next to it, all other is optional. Give your application to the membership chairman or any standing officer of the Council.

YES, I* wish to be considered for membership into the Rogue Valley Networking Council. I understand that such membership is based upon the approval of the RVNC Membership committee. Applications are reviewed on the first Tuesday of each month. I can expect a decision no more than 30 days from application. I will be considered based upon my primary business profession, which is*.					
The RVNC allows only one (1) "same type" of business to be represented, this allows me access to a full variety of services and products within the RVNC. I further understand that a one-time sign up fee to become a member of RVNC is \$50.00. The monthly dues will be \$20.00. The one-time sign up fee should accompany this application in the form of a check (no cash accepted). Your check will not be cashed until your application is approved.					
		*Signat	ture of Applicant		Date
Tell Us About Yourself:					
*First Name	*Last Name		*Profession / Busin	ness Catego	гу
*Business Name			8 .		_
Mailing Address		City	State	ZIP	_
*Phone No	-	*Email		Š.	_
How did you hear about the RVNC?					_
APPLICANT - DO NOT FILL	IN THIS ARFA-				

Date Reviewed

ADP