

**Application for Membership in  
Metro Networking Associates**

Today's Date \_\_\_\_\_ Sponsors Name \_\_\_\_\_

Applicants Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Fax \_\_\_\_\_ Email \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_

**References:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Full time job other than what you are representing in MNA:**

\_\_\_\_\_

**Annual Registration/Participation Fees are \$200.00**

Upon approval of this application by Metro Networking Associates, all  
Registration/Participation fees are Non-Refundable.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by Vice President: \_\_\_\_\_ Date \_\_\_\_\_

Member Anniversary Date: \_\_\_\_\_