



MEMBERSHIP APPLICATION

MEMBERSHIP IN ASEGA IS OPEN TO INDIVIDUALS WHOSE BUSINESS IS NOT IN CONFLICT WITH OTHER MEMBERS OF THE ORGANIZATION. YOU MAY ONLY APPLY FOR A CATEGORY THAT IS YOUR FULL TIME OCCUPATION. YOU SHOULD PLAN ON ATTENDING EVERY MEETING, AS BUILDING PERSONAL RELATIONSHIPS IS WHAT BUILDS YOURS AND OUR MEMBERS' BUSINESSES.

NAME: _____ BUS. PHONE: _____
 SPONSOR: _____ CELL PHONE: _____
 BUSINESS NAME: _____
 BUSINESS ADDRESS: _____

EMAIL ADDRESS: _____ WEBSITE: _____

OCCUPATION: _____ HOW LONG?: _____
 POSITION: _____ HOW LONG?: _____
 BUSINESS CATEGORY APPLYING FOR (1 only): _____

ARE YOU CURRENTLY A MEMBER OF ANOTHER NETWORKING (TIPS) GROUP?
 NO _____ YES _____ NAME: _____

PLEASE GIVE A COMPLETE DESCRIPTION OF WHAT YOU SELL OR WHAT SERVICE YOU PROVIDE. BE SURE TO INCLUDE ALL AREAS IN WHICH YOU DO BUSINESS. PLEASE PROVIDE ANY CARDS, BROCHURES, ETC.

LIST TWO (2) BUSINESS REFERENCES:

BUSINESS NAME	CONTACT	PHONE NUMBER
_____	_____	_____
_____	_____	_____

PLEASE INCLUDE A \$150.00 CHECK MADE PAYABLE TO ASEGA FOR MEMBERSHIP CONSIDERATION. CHECK WILL BE REFUNDED IF APPLICATION IS NOT APPROVED BY THE BOARD OF DIRECTORS.

APPLICATIONS ARE REVIEWED THE 1ST TUESDAY OF EVERY MONTH.

QUESTIONS REGARDING THIS APPLICATION MAY BE DIRECTED TO:
 BEVERLY GEAR – EXEC. SECRETARY (505)821-0516 network@asega.org

BY SIGNING YOUR NAME BELOW, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE BY-LAWS AND AGREE TO ABIDE BY THEM.

SIGNATURE: _____ DATE: _____
 BIRTHDAY: _____ Month/Day

“Are you **NET**working or **NOT**working?”