



## Community Connections Networking Group Membership Application

Representative's Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Are you a Chamber member and if so when does your membership renew? \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Category: \_\_\_\_\_

What is a good referral / strategic partner for your business? \_\_\_\_\_

\_\_\_\_\_

Business Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

OK to send text messages?  Yes  No

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Alternate Representative (if any): \_\_\_\_\_

Would you be interested in serving on the leadership team of Community Connections? \_\_\_\_\_

*Members of Community Connections Networking Group must be members in good standing of the Lewisville-Clemmons Chamber of Commerce. By signing below, you are acknowledging acceptance of the networking group guidelines and declaring your interest in actively participating in the group.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted as member: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Forwarded to VP of Networking / Date: \_\_\_\_\_