



MEMBERSHIP APPLICATION

Name _____

Company Name _____

Address _____

Office Phone _____

Cell Phone _____

Fax _____

Email _____

Website Address _____

Nature of your Business

Please provide one short paragraph describing your services, experience and professionalism. This description will be used on www.byobnet.org to let visitors to our website know about you. *You will need to send this and a photograph or logo electronically to lisa@nahsaccounting.com

Number of years the company has been in business _____

Number of years you have owned or been with the company _____

Number of years you have been in this field _____

Referred By _____

Professional References _____



MEMBERSHIP APPLICATION CONTINUED...

BYOB Networking Organization is an informal group of professionals meeting for the purpose of expanding our business opportunities in the Phoenix and East Valley area. Each business member is solely responsible for the conduct, products and services provided by themselves or representatives of their firm. BYOB Networking Organization and its organizers accept no responsibility or liability for business practices or actions of the participating members. All participants and referrals should follow normal business procedures and reference checks before engaging in business activities with any participant or referral.

I understand and agree to follow the terms and guidelines of the BYOB Networking Organization.

X _____

Date _____