



Networking Group Application

Please complete this form as your official request to join the networking group and provide contact info for the chamber, facilitator, and to be published to the group for referrals and one to ones.

Today's Date _____

Name _____

Business Name _____

Business Physical Address _____

Email Primary _____

Email 2 _____

(if you want group meeting emails sent to home/personal email as well)

Office Number _____

Cell Number _____

Which number do you prefer is published for fellow members and referrals to contact you? (Check One)

Office _____ Cell _____ Other _____

Profession _____

Primary Business Focus (category): _____

Secondary Business Focus (Category): _____