

***Membership Has Its Perks***

**Membership Application**

|  |  |
| --- | --- |
| Name of Owner:  |       |
|  |
| Name of Company: |       |
|  |
| Address of Company:  |       |
|  | Street/City/State/Zip |
|  |
| Company Structure: | [ ]  Corporation[ ]  Limited Liability Company (LLC)[ ]  Nonprofit Organization[ ]  Partnership[ ]  Sole Proprietorship  |
|  |
| Office Phone:  |       | Office Fax: |       |
|  |
| Year Formed:  |       |
|  |
| Email Address: |       |
|  |
| Website: (Use “NA” if none)  |       |
|  |
| Services and/or Goods provided by your company? |       |
|  |
|  |
| **Thank you for your interest in joining Barnes Network Connections.** **Please date and digitally sign your name below. We are looking forward to welcoming you into our network family, as we continue our journey towards professionalism, integrity and wealth.** |
|  |
| Date:       | Shannon Barnes  |
|  | Founder |
|  |
| Date:       |       |
|  | Applicant |