

***Membership Has Its Perks***

**Membership Application**

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| --- | --- | --- | --- | --- |
| 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 | | | |