



MEMBERSHIP APPLICATION

To join **Partners in Network** please complete this application and submit it along with the membership fee so that we can review your application for approval. The review process will be completed within 5 business days of receipt of your application and payment. If your application is denied, your membership fee will be returned to you in full within 15 business days. If your application is denied because your profession has been filled in the group you selected, we will suggest an alternative group and place you on a waiting list. If your application is accepted, you will receive a welcome email that includes your membership information and instructions.

Please complete this application and mail or email the completed form to:

Partners in Network, LLC
C/O Ken Fernandez
P.O. Box 320447
Tampa, FL 33679
Phone: 813.334.6000
Ken@partnersinnetwork.com

If you have any questions about how to complete this form, please do not hesitate to contact me. We look forward to helping you market your business through trusted relationships with other professionals!

Your Partner in Network,

Ken Fernandez
Founder & President

MEMBER INFORMATION:

- Name of Applicant (individual):
- Describe briefly what services or products you provide:
- What 1-3 word phrase would you use to describe the category of products or services in which you belong (example: banker, attorney, mortgage agent, cosmetics, printer):
- Which chapter(s) would you be most interested in joining? (see www.partnersinnetwork.com for list)
- Who referred you to PIN?

Name of Company: _____ Position: _____

Company Address: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____ Website: _____

Membership Application -- Payment Instructions

Member Applicant Name: _____ **Date:** _____

___ **Initial Membership Fee - Year 1 (12 months) – \$365.00**

___ **Add a 2nd year for only \$300.00, a \$65.00 savings!**

Total Application Fee: \$ _____

Meal Dues: Meal dues range from \$10.00 - \$18.00 per meeting, depending on restaurant costs. These dues must be paid quarterly in advance and are due regardless of your attendance. If your membership begins after the first meeting of the quarter then your meal dues will be prorated for that quarter. Payment is deemed past due if you have not paid by the 7th day of the first month of each quarter. Failure to timely pay your meal dues will result in a \$15 penalty, per month, added to the past due amount.

Name Tag: If you would like to order a “Partners in Network” name tag, please provide your name as you would like it to appear on the name tag (first name only). Cost is \$5.00 and may be paid via check or credit card, per your selected payment option below. If you wish to pay by check, please include the \$5 fee in your membership payment.

I would like to pay my initial membership fee and meal dues by (*check only one option*):

Check: Please make your check payable to “Partners in Network” and mail to:

Partners in Network
C/O Ken Fernandez
P.O. Box 320447
Tampa, FL 33679

Credit Card Authorization:

By selecting credit card payment, you are authorizing Partners in Network to charge your card one time for the \$365.00 annual membership fee and on or about the first day of each quarter for meal dues. Please note a \$5 convenience fee will be charged for every credit card transaction.

Card Type: **Visa Mastercard Discover AmEx**

Name on Card: _____

Card Number: _____ - _____ - _____ - _____

Exp Date ____ - ____ **Sec Code** _____ (3 digit # on back; for Amex, 4 digit # on front)

Credit Card Billing Address: _____

City, State, Zip: _____

Signature _____ **Date** _____

NOTE: Partners in Network emails invoices through QuickBooks. You will receive invoices for meals on a quarterly basis. If you do not receive those emails, please check your junk mail/spam.

RESIGNATION AND TERMINATION RULES

Voluntary Resignation by Member:

Partners in Network is a participation organization; in order to reap the benefits, you need to invest in your fellow members and participate in the meetings. Relationships are developed over time so our membership terms are 1 year in length. If you desire to resign your membership before the end of your 1 year term, you must give 30 days notice prior to the start of a new quarter; after the 30 day notice period no further payments will be required of you. No refunds will be made for membership fees or meal dues.

Termination of Membership due to Unacceptable Member Conduct:

Partners in Network may terminate your membership for good cause, defined as follows:

1. If a member is more than one month past due or is repeatedly making late payments of meal dues, PIN has the authority to terminate membership and collect past due meal dues; no membership fees will be refunded. Any collection costs incurred by PIN (attorney fees/costs) will be collectable from the member as well.
2. If a member is repeatedly absent from meetings or engages in unbecoming behavior such as: overly pushy sales tactics toward other members; disparagement of other members or PIN; or other behavior that is against the interests of PIN and its members, PIN has the authority to terminate membership and collect past due meal dues; no membership fees will be refunded. Any collection costs incurred by PIN (attorney fees/costs) will be collectable from the members as well.

Thank You for Submitting Your Application and Payment!

Initials ____ Date __ / __ / __