

MEMBERSHIP APPLICATION  
**NETWORK EL DORADO**

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Last Name First Name Employer

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Employer Address City State Zip Code Phone

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Age of Company Occupation Fax Email address

**NED COMMITMENT**

<ol style="list-style-type: none"> <li>1. RECRUIT ONE NEW MEMBER IN MY FIRST YEAR.</li> <li>2. TIP A MEMBER AT LEAST TWICE A MONTH</li> <li>3. DISPLAY BROCHURES AT MY PLACE OF BUSINESS</li> <li>4. IF I OR MY ALTERNATE MISS FOUR MEETINGS IN A CALENDAR QUARTER, ECUSED OR NOT, THEN MEMBERSHIP WILL BE SUBJECT TO FORFEITURE</li> </ol>	<ol style="list-style-type: none"> <li>5. ALWAYS HAVE A FELLOW MEMBER SATISFY MY BUSINESS OR PERSONAL NEEDS WHENEVER POSSIBLE</li> <li>6. REPORT ANY BREACH OF ETHICS TO THE ETHICS COMMITTEE</li> <li>7. CONFORM TO NED BYLAWS, RULES,PROCEDURES AND SUBSEQUENT CHANGES THAT OCCUR</li> <li>8. AGREE TO NOT BELONG TO ANY OTHER LEADS OR TIP ORGANIZATIONS</li> </ol>
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Date Sponsor Name Applicant Signature

**Method of Payment: Cash, Personal check, Company check, Money Order, Cashier's check**  
**\$150.00 MEMBERSHIP FEE IS NON-REFUNDABLE AFTER MEMBER IS ACCEPTED**  
**Balance of monthly dues, are do at time of membership acceptance.**

**I WOULD BE INTERSTED IN SERVING IN THE FOLLOWING ROLES:**

**MEMBERSHIP \_\_\_ SOCIAL \_\_\_ PROGRAM DIRECTOR \_\_\_ OFFICER \_\_\_ ETHICS \_\_\_ TIPMASTER \_\_\_**

1. ARE YOU WILLING TO SUPPORT EACH MEMBER IN YOUR NED CHAPTER? YES \_\_\_
2. ARTICLE IV, SECTION 1 (c) OF THE BYLAWS STATES "IF I OR MY ALTERNATE MISS TWO (2) CONSECUTIVE UN-EXCUSED MEETINGS, OR IF I OR MY ALTERNATE MISS FOUR (4) MEETINGS IN A CALENDAR QUARTER, EXCUSED OR NOT, MY MEMBERSHIP WILL BE SUBJECT TO FORFEITURE. DO YOU AGREE TO THIS ROLE? YES \_\_\_
3. IF YOUR MEMBERSHIP IS ACCEPTED, DO YOU AGREE NOT TO BELONG TO A SIMILAR NETWORKING GROUP? YES \_\_\_
4. DO YOU AGREE TO ACT AND DRESS LIKE A PROFESSIONAL? YES \_\_\_
5. BY APPLYING FOR MEMBERSHIP IN NED, YOU ASK NED MEMBERS TO EXTEND LOYALTY TO YOU IN THE FORM OF TIPS, DO YOU AGREE TO MAKE THE SAME COMMITMENT TO FELLOW NED MEMBERS? YES \_\_\_
6. ARTICLE IV, SECTION 1 (e) OF THE BYLAWS STATES THAT YOU'RE REQUIRED TO PROVIDE 2 OR MORE TIPS PER MONYTH, DO YOU AGREE TO THIS? YES \_\_\_
7. DO YOU ACKNOWLEDGE THAT YOUR MEMBERSHIP MAY BE TERMINATED DUE TO LACK OF ATTENDANCE OR LACK OF TIPS TO NED MEMBERS? YES \_\_\_
8. DO YOU ACKNOWLEDGE THAT YOU'RE EXPECTED TO INVITE GUESTS TO MEEETINGS AND ENCOURAGE THEM TO JOIN? YES \_\_\_
9. WHAT PROFESSION WOULD YOU BE ABLE TO TIP REPEATEDLY DUE TO YOUR TYPE OF BUSINESS? \_\_\_\_\_

I UNDERSTAND THE ABOVE INFORMATION WILL BE USED AS CRITERIA FOR ACCEPTING MY MEMBERSHIP, I ACKNOWLEDGE IF I RESIGN FROM NED OR IF I'M TERMINATED BY THE BOARD OF DIRECTORS, ANY PREVIOUSLY PAID DUES ARE NON-REFUNDABLE. I HAVE READ AND UNDERSTAN ALL OF THE ABOVE STATEMENTS AND QUESTIONS, AND AGREE TO ABIDE BY THEM.

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DATE Membership Officer Applicants Signature