



2900 N University Dr
 Suite 46
 Coral Springs, FL 33065
 Ph: 954-757-5551
 www.pnanetwork.org

PNA MEMBERSHIP APPLICATION

Contact Name:			
Company Name:			
Address:			
Phone:			
Fax:			
Email:			
Company Information			
Primary Service / Product:		Secondary Service/Product:	
PNA Club Preference:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	
PNA Chapter:		Category Applying for:	
How Long In Business:		/ Referred By:	
Personal Information			
<i>Note: Attach resume or biography if available</i>			
Experience:			
Education: High School <input type="checkbox"/> College <input type="checkbox"/> Trade <input type="checkbox"/> Other: _____			
References			
Contact Name	Address	Phone	Email
1.			
2.			
3.			
Questionnaire			
Are you willing to commit to PNA Community Service Projects? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please list any existing Charitable/Civic organization that you currently support			
1.		3.	
2.		4.	
What are your expectations of the PNA membership? _____			
Agreement			
Do you understand and agree to the Premier Networking Alliance's Ten Golden Rules for membership. No checks for membership will be cashed until the prospective new member has been reviewed and accepted in the category applied. PNA reserves the right to decline an application for whatever reason, without recourse. Please select one of the following methods for the Premier Networking Alliance to contact you regarding your application:			
<input type="checkbox"/> Email <input type="checkbox"/> Mail Phone: <input type="checkbox"/> 9:00 – 5:00 <input type="checkbox"/> After 5:00			
Signature			
Signature		Date	
Print Name		Title	

Credit Card #

Exp date

For application please send a check –You can also do Credit Card for \$100 ABOVE and completed form to: PNA, Inc.,2900 N. University Drive Suite 46, Coral Springs, FL 33065