



2832 N University Dr
 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 | <input type="checkbox"/> After Hours |
| PNA Chapter: | | Category Applying for: | |
| How Long In Business: | | / Referred By: | |
| Seeking Exclusivity? (\$200 annual cost) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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"/> <u>Other:</u> _____ | | | |
| References | | | |
| Contact Name | Address | Phone | Email |
| 1. | | | |
| 2. | | | |
| 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 | | | |
| 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** _____ **CVV code** _____
For application please send a check –You can also do Credit Card for \$100 (\$200 if exclusive) ABOVE and send completed form to: PNA, Inc. 2832 N. University Drive, Coral Springs, FL 33065