

KCNG APPLICATION

Date:

PART I

(Please print and answer all questions)

Chapter Name: KCNG		Sponsors Name:	
Applicant's Name:	Home Address:	City:	Home Phone:
E-mail Address:	Birthdate:	Applicant's Business: Name:	Business Address:
You may only represent one profession. Describe your product or service (be specific): Travel		Business Phone:	Cell Phone:
		PARTICIPATION FEES: (Includes application fees)	
		Option 1. One-Year Membership \$60.00	
		Prorated at \$5.00 per month	
		RENEWAL FEES:	
		One-Year Renewal \$60.00.....	
Payment Method (Choose One):			

UPON YOUR ACCEPTANCE TO KCNG, FEES ARE NON-REFUNDABLE & MEMBERSHIP NON-TRANSFERABLE WITHOUT EXCEPTION

PART II (Please read carefully)

APPLICATION PROCESS

1. A prospective member may attend two meetings as a visitor. Prospective members then complete this application and submit it with payment to the Membership Committee for review.
2. The Membership Committee completes the screening process and notifies the prospective member and the chapter President of acceptance or non-acceptance **before the next meeting**.
3. The President announces new members and inducts them at the next chapter meeting.

PART III (Answer all questions) EDUCATION/BACKGROUND/INFORMATION

1. Experience in Field/Occupation (be specific):
2. Education background in Field/Occupation or Degrees, Licenses or Credentials required to perform in Field/Occupation:

PART IV

1. Is the occupation under which you are applying for membership a full or part-time occupation?
2. How long have you been with the company you are representing today?
3. Are you willing to make the commitment to arrive at our weekly meetings on time, stay throughout the 90 minutes, bring qualified referrals and help your chapter continue to grow by inviting visitors?
4. Is there an individual who would be willing and able to attend meetings on your behalf, should you be unable to attend?.
5. What do you expect to contribute to this chapter? Hopefully lots of referrals. I have been on boards for many years and have some good management skills.
6. What is your ability to bring qualified referrals or visitors?
7. Do you belong to any other organizations?
- 8.

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PART V

PERSONAL/BUSINESS REFERENCES

- (1) Name:
 - Position:
 - Business:
 - Phone:
 - Personal/Business Relationship (describe):
- (2) Name:
 - Position:
 - Business:
 - Phone:
 - Business Relationship (describe):

NOTE: You may attach resume or biography for additional information. Thank you.

Applicant's Signature: Phyllis Cronbaugh

PART VI

-----MEMBERSHIP COMMITTEE USE ONLY-----

Verified Information and References: Yes No

COMMENTS: _____

Approved: _____

Profession: _____

Declined _____

Signature Membership Committee, V.P.
