

TRI-COUNTY NETWORKING GROUP
POTENTIAL NEW MEMBER APPLICATION
(*Email to Dan Cohen, Founder - tcngfl@gmail.com)
October 11, 2011

Please print:

NAME: _____ DATE: _____

COMPANY: _____

ADDRESS: _____

CELL PHONE: _____ OFFICE PHONE: _____

EMAIL ADDRESS THAT WE MAY USE: _____

PLEASE PROVIDE AN OVERVIEW OF YOUR BUSINESS FOCUS/SERVICES/PRODUCTS:

A bio may be submitted instead of responding to the following query. A digital photo is also appreciated for our records, announcements, and press releases, etc. Thank you!

PLEASE PROVIDE AN OVERVIEW OF YOUR EDUCATION AND/OR PROFESSIONAL BACKGROUND. In addition, if you are a member of another networking group, please submit name and its web site:

OTHER INFORMATION THAT YOU FEEL MAY BE PERTINENT (e.g., why you would like to be involved in the Tri-County Networking Group, your definition of a good networker)

Submit three persons (name, e-dress, occupation, phone number, firm and category) you feel might benefit from knowing more about Tri County Networking Group's South Florida chapters

Signature: _____