

# CENTRAL PENN NETWORKING GROUP



## A PROFESSIONAL ORGANIZATION MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY and FAX TO: 717 256-5858 or email to: [libbynoon@yahoo.com](mailto:libbynoon@yahoo.com)

◆DATE \_\_\_\_\_

◆FIRST NAME \_\_\_\_\_ ◆LAST NAME \_\_\_\_\_

◆COMPANY NAME \_\_\_\_\_

◆STREET ADDRESS \_\_\_\_\_

◆CITY \_\_\_\_\_ ◆STATE \_\_\_\_\_ ◆ZIP \_\_\_\_\_

◆PHONE WORK \_\_\_\_\_ ◆HOME \_\_\_\_\_ ◆FAX \_\_\_\_\_ ◆CELL \_\_\_\_\_

◆WEBSITE \_\_\_\_\_ ◆E-MAIL \_\_\_\_\_

◆TYPE OF BUSINESS \_\_\_\_\_

◆BUSINESS DESCRIPTION \_\_\_\_\_

◆YEARS/TIME BUSINESS HAS BEEN OPERATIONAL: \_\_\_\_\_ ◆IS IT YOURS: YES NO

◆YEARS/TIME YOU HAVE WORKED FOR THIS COMPANY \_\_\_\_\_

◆YEARS/TIME IN YOUR PROFESSION \_\_\_\_\_

◆REFERRED BY \_\_\_\_\_

I have received a copy of the member guidelines and agree to follow them.  
I accept the decisions of the Board of Directors. (guidelines may be  
downloaded on the cpng website.)

Prospective Member Signature: \_\_\_\_\_

◆Approval \_\_\_\_\_ Date \_\_\_\_\_

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