

# Desert Networking Professionals

Application for Membership



Complete all sections of this form.

## Business Information

• **Member Information – Please Print Clearly**

Last Name: ..... First Name: ..... MI: .....

Business Name: .....

Business Address: .....

City: ..... State: ..... Zip Code: .....

Telephone: ..... Fax: ..... Cell: .....

Email: ..... Website: www. ....

Mailing Address: *(if different than above)* .....

City: ..... State: ..... Zip Code: .....

## Classification

• Classification—must be an open classification.

Business Classification: .....

## Member Sponsor

• Member Sponsor Information – who introduced you to Desert Networking Professionals?

Sponsor's Full Name: .....

Sponsor's Classification: .....

## Membership

New Member

Returning Member

Replacement

## Payment

• Payment:

Make payable to Desert Networking Professionals – payment to be received before or at verification.

Personal Check

Business Check

Money Order/Cashier's Check

Cash

Check # .....

I have read, understand and agree to abide by the requirements of Desert Networking Professionals membership as set forth on page 2 of this application.

## Signature

• Applicant's Signature: .....

Date: .....

# Desert Networking Professionals



**When this application is completed on both sides and signed, the Desert Networking Membership Director will review your business classification with the membership roster to ensure there is no conflict with an existing member classification.**

As a member of DNP, you understand and agree to the following:

- I will invite guests to our breakfast meetings and do my best to encourage them to join.
- I agree to represent my designated DNP classification and not cause conflict with other members.
- I will not represent more than one business classification in DNP.
- I will notify a member of the Board in advance when I am unable to attend a meeting.
- I will encourage a colleague to attend in my absence.
- I will support the members of DNP by my presence and my referrals.
- I have a current business license and insurance, if applicable, to work in my classification.
- I agree to adhere to the highest standards of professionalism.
- I understand that all members are encouraged to serve on the Board or a Committee.
- I will attend at least 50% of meetings every month or be subject to termination of my membership.
- I agree to timely pay the DNP annual dues upon presentation of an invoice. Failure to pay the annual dues within 30 days of my membership anniversary date will result in automatic termination.
- I understand that DNP is a private organization and is not held to any National By Laws.
- I understand that this is an application only and this does not guarantee membership; membership must be approved unanimously by the entire Board at the time of the application.
- I understand that DNP may reject a member application for any number of reasons including past professional conduct, conflict of interest or past litigious action against another member in good standing.
- A benefit of DNP membership is a listing on the DNP website [www.dnpcv.com](http://www.dnpcv.com). You must provide 50 words or fewer to describe your business and a jpeg image to webmaster within the first 30 days of your membership in order to have a complete listing. If you do not provide the wording and image, we will provide a generate listing that only offers your name and phone number.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_