

Capital Region Professional Networkers

Membership Application

Name: _____ Business: _____

Profession: _____ Business Phone: _____ Cell: _____

Business Address: _____

Business Website: _____ Email: _____

Business Category Requested: _____

How did you hear about CRPN? _____

Professional References: 1) _____

Please include:

-First and Last Name

-Company

-Phone/ Email

-Number of years known

2) _____

3) _____

Member Attendance Policy

CRPN allows 3 absences in each of the 2 parts of the physical year*

CRPN allows members to send substitutes 3 times in each of the 2 parts of the physical year*

*physical year = January – June / July – December

3rd Absence – Formal written letter reminding member of attendance policy.

4th Absence – Member will receive a call from CRPN President reminding member of attendance policy.

5th Absence – Leadership team will review member and provide dismissal letter where applicable.

Payment Method: CASH CHECK

Applying As: an INDIVIDUAL a COMPANY

By signing and submitting this application, I agree to follow the “Rules and Guidelines of CRPN” as well as the recommendations of the CRPN leadership team. **Signature:** _____ **Date:** _____

**applications can be submitted in person or emailed to info@crpn.com*

The section below is to be completed by CRPN Membership Committee

Applications are reviewed by the Leadership Committee. Acceptances & denials are fully within the discretion of the Committee.

Accepted: _____ **Declined:** _____ **Business Category Authorized to Represent:** _____