

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) _____

2) _____

3) _____

<i>Please include:</i>
<i>-First and Last Name</i>
<i>-Company</i>
<i>-Phone/ Email</i>
<i>-Number of years known</i>

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 <input type="checkbox"/> CHECK <input type="checkbox"/>	Applying As: an INDIVIDUAL <input type="checkbox"/> a COMPANY <input type="checkbox"/>
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: _____

The section below is to be completed by CRPN Membership Committee

Applications are reviewed and approved / denied by leadership. Membership can be denied for any reason and without explanation.

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