MMP ELEVATE

Membership Application

Connect. Collaborate. Grow.

Thank you for your interest in MMP Elevate — a B2B community for professionals who believe **the best business relationships are built by helping others succeed.**

MEMBER INFORMATION

Name: _____

Business / Company: _____

Title / Role: _____

Industry / Profession: _____

Years in Business: _____

Phone: _____ Email: _____

Website / LinkedIn: _____

City / Area: _____

YOUR BUSINESS

In one sentence, what do you do?

Who is your ideal client/customer?

What type of professional or business is most likely to be a great referral partner for you?

YOUR ELEVATE GOALS

What are your top 2 goals for joining MMP Elevate?

☐ Generate quality referrals
☐ Expand my professional network
☐ Develop strategic partnerships
☐ Find new clients/customers
☐ Increase visibility / personal brand
☐ Learn and grow professionally
☐ Give referrals / help other members
☐ Other: _____

What would make your Elevate membership a success for you over the next 12 months?

WHO DO YOU WANT TO MEET?

Give us 3 types of people you would LOVE to meet through MMP Elevate.

Think beyond a job title — **who could open a door, become a strategic partner, refer business, or simply be a valuable relationship for you?**

1. _____

2. _____

3. _____

WHAT DO YOU BRING?

What do you feel you bring to a professional community?

☐ Connections & introductions
☐ Referrals
☐ Expertise / knowledge
☐ Mentorship
☐ Energy & encouragement
☐ Collaboration / partnership opportunities
☐ Other: _____

What is something you'd like other MMP members to know about you or your business?

WHY MMP ELEVATE?

Why are you interested in joining MMP Elevate?

_____

_____

How did you hear about MMP / MMP Elevate?

☐ MMP Member ☐ ConnectFest ☐ Referral ☐ Social Media
☐ Event ☐ Other: _____

MEMBER COMMITMENT

MMP Elevate is built on **intentional networking, generosity, collaboration and referrals.** I understand that membership is most valuable when I actively participate, contribute, and look for ways to help fellow members succeed.

Applying Member Signature: _____ Date: _____

MMP Elevate Signature: _____ Date: _____

$99 ANNUAL MEMBERSHIP

This is our inaugural launch rate.
Rate locked in for 1st two years of membership.
No minimum attendance requirements.
No exclusivity.
Our ask: be intentional with engagement and a generous giver of referrals

MMP Elevate — Where Your Network Becomes Your Advantage

SEND completed form to: Sheryl Powers Powers@MPoweredAdvantage.com