B-NETWORKING MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION Date of Birth: **Full Name:** Address: Gender: □ Male □ Female City: State, ZIP **Phone Number: Email Address:** MEMBERSHIP DETAILS **Description** Type Fee Standard Access to all resources. \$90 Senior Includes standard benefits plus special events and discounts \$50 Other Limited benefits. \$ □ Other Please select your anual membership type: □ Standard □ Senior INTERESTS AND ACTIVITIES: Please list any specific interests or activities you would like to participate in within B-Networking: Occasional gatherings, sales events, zoom calls. All of this and to volunteer Notes:

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AGREEMENT

☐ I consent to receive communications regarding B-Networking a	ctivities and events.
\Box I agree to abide by the rules and regulations of the B-Networking result in the termination of my membership.	g and understand that failure to do so may
\square I understand that membership fees are non-refundable and subject to change.	
Signature	Date

https://b-networking.com/

All payments can be made via Zelle, check, or cash.

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