



RICHARDSON PLANO PROFESSIONAL NETWORK

MEMBERSHIP APPLICATION

Date: _____

Referred By: _____

Name: _____

Office Number: _____

Business Name: _____

Cell Number: _____

Business Address: _____

Email: _____

Website: _____

Description of Product or Service: _____

Membership Category Requested (please be specific): _____

Is this a full-time or part-time occupation? _____

How long have you been with your company? _____

What other prior job experience do you have? _____

Why do you want to join RPPN and in what ways could you contribute to growing the group? _____

What other networking organizations do you belong to? _____

Are you able to attend weekly 90-minute meetings? **YES NO**

Is there someone who could attend meetings on your behalf? **YES NO**

Will you commit to referring your contacts to RPPN members? **YES NO**

How did you find out about RPPN? **Referral MeetUp Facebook LinkedIn Other**

Business References:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

RULES and EXPECTATIONS FOR RPPN MEMBERS

All applicants are expected to read and agree to the following guidelines:

1. Membership:

- The membership dues are \$105 plus a \$75 application fee and are NON-REFUNDABLE.
- All money received will go toward the promotion of RPPN and its members.
- Membership renewals are \$105 annually in your anniversary month.
- Dues and application fees are payable upon acceptance into RPPN.
- The membership belongs to the company and the company representative. If either of these change, a new application fee and dues must be submitted.
- Only one member per profession is allowed in RPPN. Therefore, upon acceptance of membership all others within the same profession will be "locked out" of RPPN.
- Officers will hear complaints regarding conflicts of interest and vote on whether or not to accept the potential applicant.
- Every six (6) months, members will be reviewed by the officers to evaluate their participation in the group. Members not fulfilling their obligations will be asked to leave.
- All members will be positive, supportive and helpful to each other in an effort to make each one of us more successful!

2. Weekly Meetings:

- Each member will attend the weekly meeting on time and stay for the duration of the meeting.
- If you are unable to attend, you will make every effort to send a substitute to represent you.
- If a substitute attends on your behalf, this will not count as an absence.
- You are allowed three (3) absences in a six (6) month term without a substitute.
- If you are late to a meeting (after 11:45a), you will be charged a \$3.00 fine.
- One member per week will give a 7-10 minute presentation. This will be done on a rotational basis.
- Always turn off electronic devices to avoid disruptions during the meeting.

3. Officers:

- The officers of RPPN will be rotated every six (6) months. The officers are as follows:
 - President
 - Vice President
 - Secretary
 - Treasurer
 - Membership Chair
 - Social Media Chair
- All grievances and conflicts may be addressed with the officers of RPPN for resolution. If an officer is involved in the conflict, a substitute will be asked to take his/her place for the final vote. All parties involved will be given the opportunity to speak.
- The rules of RPPN are subject to review by the officers at any time they deem necessary & then modified pending a vote.

4. Referrals:

- Each member will provide quality goods and/or services to all other members and their referrals.
- Each member will make every effort to use RPPN members when needing their particular goods and/or services.
- Each member will give referrals to other members whenever possible.
- Each member is responsible for following up on all referrals they receive to the best of their ability.
- Each member will treat other members and their referrals honestly, ethically, and professionally at all times.

5. Recruiting:

- All members are expected to help recruit others to fill any open professions within RPPN.

By making application to RPPN, I agree to abide by and follow the above guidelines:

Signature: _____

Date: _____

Payment Rcvd: _____