

Date		
Applicant Name		
Business Name		
Business Address		
City	State CA	Zip
Complete Description of Products and Services/Category(s) requested		
Team Sponsor's Name		
Potential members must visit three times before they can be sponsored by a current member, and categories approved based on seniority.		

Make checks payable to APBnet	
Application Fee	\$ 100.00
Bi-Annual Dues (Company Member)	+ 250.00
Bi-Annual Dues (Individual Member)	or + 150.00
TOTAL FEES AND DUES	\$.00
<i>Fees non-refundable following initiation into the team</i>	
Steps to Join: 1) Return App to Membership Lead after 2 visits; and 2) Contact Member Success Lead for 1:1	

Please go to www.APBnetworkers.com for most recent contact information

Team Annex/Division	
APB Founders	
Contact Numbers	
Business Phone	()
Cell Phone	()
Fax Number	()
eMail Address	
Web Address	

Qualifications to represent your category in our team (please answer all questions):

1	Years of experience in requested category(s)? Years at current company?
2	Qualities that make you a leader in your field?
3	Education, Degrees, Licenses, and Credentials required to perform your duties?
4	Is this category you are applying for your primary profession? Is it full time occupation?

Qualifications that make you a good candidate for our team (please answer all questions):

1	What qualifications can you bring to our team members that will benefit our members?
2	What is your ability to bring quality referrals to our team members?
3	Are you able and willing to commit to attending our weekly meeting?
4	Have you ever been a member of a networking group? If so, which one and when? What would you say they would say was the primary benefit you brought to that group?
5	Are you currently involved in another networking referral group such as ours that restricts one member per category?
	<input type="checkbox"/> Yes <input type="checkbox"/> No If previous, what was the date this membership ended: ____/____/____

5	Have you ever been convicted of a felony?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

APBnetworkers Mission Statement

Upon initiation into the Team, I will follow the basic principles set forth below:

Bound by ethics and integrity, APBnetworkers focuses on the quality of our team of seasoned professionals, all possessing a high level of knowledge. We are committed to the support, growth and development of each member's business through the consistent exchange of high-quality referrals. The success of our members is reflected by the continual increase of closed business.

Terms and Requirements:

1. Members are required to attend each meeting, however, will be excused for up to 3 substitutes within each six month period plus an additional 3 absences without a substitute. Absences in excess of this number could result in membership being cancelled or not renewed.
2. Medical leaves of absence will be granted on a case by case basis to individuals following their written request to the Membership Committee.
3. Perfect attendance (no absences, with the exception of 3 subs as mentioned in 1 above), shall result in the team member being entered in a drawing every six month term. The name drawn shall earn free dues for the next six month term.
4. Members shall report all revenue earned by team members within the meetings. Vice President will report weekly on team revenue.
5. Arbitration: All disputes between a member and the member's team Annex shall be resolved by binding arbitration in accordance with the laws of the State where the applicant's APBnet team Annex is located. All disputes with APBnet (including its officers, directors, agents and representatives) or between team Annexes shall be resolved by binding arbitration in accordance with the laws of the State of California (not including its conflict of laws provisions) and venue shall be in Sacramento County unless agreed otherwise.
6. Limitations on Liability: Notwithstanding any other provision of this Agreement, any liability to you involving APBnet, any other Annexes, and their officers, directors, agents and representatives for any cause whatsoever arising out of or related to this Agreement and/or membership or participation in APBnet, and regardless of the form of the action, will at all times be limited to the amount of bi-annual dues paid by you for the membership in APBnet. Except in jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages.
7. Member categories granted based on member seniority in APBnetworkers and approved by the Membership Committee of the attending team.
8. Participation in APBnetworkers, including referrals, visitors and taking on leadership roles, shall be a factor of membership renewal.
9. APBnetworkers is a team of professionals where we allow only one person of each profession to join each team, to facilitate exclusive referral relationships. Accordingly, membership in a conflicting similar group is prohibited. However, memberships in networking organizations such as Chambers of Commerce are not conflicting as they are more network focused and do not create an expectation of exclusive relationships.

BUSINESS REFERENCES (Please note: This is for business references, not personal)

1	Name		Title / Position:	
	Name of Business			
	Phone Number/eMail			
	Business Relationship (describe)			
2	Name		Title / Position:	
	Name of Business			
	Phone Number/eMail			
	Business Relationship (describe)			
3	Name		Title / Position:	
	Name of Business			
	Phone Number/eMail			
	Business Relationship (describe)			

I hereby declare and certify that all statements contained in this Application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my Application, or if discovered after my application has been accepted, subject me to immediate termination at APBnet's discretion without any reimbursement. I further understand that my membership is conditional and I agree, accept and will abide by all the terms and Requirements set forth herein and those contained within the APBnet Policies and Vision Statement.

Applicant's Signature

NOTE: You may attach a resume, biography, or any other documents to be considered in the application screening process.

- MEMBERSHIP COMMITTEE USE ONLY -

Application processed and verified by _____ on _____, 20____. Accepted YES NO

Comments:
