

<b>MEMBERSHIP APPLICATION</b>		
<b>APPLICANT INFORMATION</b>		
Full Name:		
Preferred Name:	Date of birth (Month & Day):	
Home address:		
City:	State:	ZIP Code:
Cell Phone:	Preferred Email:	
<b>EMPLOYMENT INFORMATION</b>		
Current employer:		
Employer address:	Phone:	
City:	State:	ZIP Code:
Position:	Years in current profession:	
License #:	Website:	
Reference Email Address:		
List Membership in Other Networking Groups:		
Brief Description of Business:		
<b>PRE-APPROVAL MEMBERSHIP REQUIREMENTS</b>		
<ul style="list-style-type: none"> <li>• Applicant must attend at least two consecutive meetings at the request of a current member.</li> <li>• A prospective member shall present their business to the Membership Chair Officer subject to review by the Board of Directors.</li> <li>• Minimum of two endorsements required by current members.</li> <li>• Applicant does not belong or will not join another exclusive networking group.</li> </ul>		
<b>AGREEMENT AND SIGNATURE</b>		
<p>By signing below, I hereby, if necessary, authorize the verification of the employment information provided on this form.</p> <p>I agree to abide by all membership requirements as listed herein</p> <p>NCPA reserves the right to cancel my membership at any time based on the stated membership requirements and/or poor service to referrals and participation.</p> <p>If accepted by as a Member of NCPA, I understand these terms and conditions apply to my involvement as an official Member to this Association</p>		
Signature of applicant:	Date:	
Signature of NCPA Officer:	Date:	

## **Membership Requirements, Rules, and Regulations**

- **Annual Dues:** \$200 due upon application approval and \$150 each calendar year of membership to maintain NCPA membership.
- **At-will Membership:** your status as a member of NCPA is subject to review and cancelation by the Board of Directors on a quarterly basis pursuant to the rules and regulations governing the NCPA; including but not limited to:
  1. Attendance @ 2 meetings per month.
  2. Commitment to introduce and reciprocate to referrals, inviting guests and meeting participation for potential clients.
  3. NCPA Indemnity. Each Member agrees to not hold NCPA liable for any loss or damage incurred at a meeting, networking event, in marketing NCPA, or any other event that may or may not be associated with NCPA.
  4. Minimum 2 referrals to NCPA per quarter.
- **Liability Waiver:** I agree to indemnify and release NCPA, as well as their affiliated businesses at which our meetings or events are held, against all claims, causes of action, damages, judgements, costs or expenses including attorney fees and costs of litigation whatsoever, which may; including but not limited to, in any way arise from attending or hosting a meeting, event or associating with the NCPA or its Members, guests, invitees or other representatives of NCPA. I further agree to release and discharge NCPA, it's Board of Directors, Officers and affiliates, for injury, loss or damage arising out of association with this organization.

I hereby understand and agree that failure to adhere by the terms and conditions of Membership in NCPA may result in my Membership being terminated or be put on probation as determined by the Board of Directors, in their sole and absolute discretion without the right to appeal or reapply for Membership in NCPA.

<b>AGREEMENT AND SIGNATURE</b>	
<b>I have read, understand, and agree to all statements above.</b>	
Signature of Member:	Date:
Name of Member:	