Kendall Networkers, Inc.

12930 SW 128 St., #101, Miami, Florida 33186 Phone: (786)249-0312 / Fax: (786)573-5201

www.kendallnetworkers.com

APPLICATION FOR ME	EMBERSHIP F	REFERRED BY:	
NAME:			
FIRM NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
OFFICE TEL # -		FAX # -	
CELL # -		E-MAIL :	@
WWW.		E MAIL .	
UPON APPROVAL I/WE EN VERIFIED BY SCREENING			FIRM INDIVIDUAL
	COMMI	TTEE CHAIRPERSON	DATE
ARE YOU LISTED IN THE		-	NO YES
LIST YOUR YELLOW PAGE 1ST 2ND DESCRIPTION OF MAIN I			NETWORKERS
LICENSING AUTHORITY(IES) AND PROFESSION	AL LICENSE NUMBER(S)	
AFETT TAMED COMPANIES			
AFFILIATED COMPANIES			
BANK(S)			
TWO TRADE REFERENCES NAME	ADDRESS		PHONE
ARE YOU NOW OR HAVE	YOU EVER BEEN A MEM	BER OF BNI OR SIMII	LAR ORGANIZATIONS -
ORG NAME	CHAPTER NAME	LOCATION	DATES OF MEMBERSHIP
OTHER REFERRAL ORGAN	IZATIONS YOU ARE A N	MEMBER OF	
**Office Use Only	LED to Screening Committ	00	
Report to the Board of Dire		Date	

To the Applicant: Please provide literature depicting the services and/or products you provide. Also, please include a \$50 check for the application process.

	PRINCIPAL	MEMBER	ALTERNATE	MEMBER
	YES	NO	YES	NO.
Have you or your company				
ever been convicted of a felony				
or a misdemeanor involving a falsehood or dishonesty?				
raisenood of dishonesty:				
Have you or your company				
ever been the subject of a				
complaint to your professional				
regulatory agency?				•
If you answer yes to the above,	please exp	lain:		
	1			
				_
	PRINCIPAL	MEMBED		
	INIMOTERI			
FULL NAME		_ NIC	CKNAME	
TITLE	HOW LONG W	VITH FIRM?		
POSITION: STOCKHOLDER PART	NER ASS	SOCIATE	□ PRINCIPAL	OTHER
HOME ADDRESS				
HOME PHONE		PHONE		
BIRTH DATE	WEDDING AN	_		
SPOUSE'S NAME	SPOUSE'S E			
NO. OF CHILDREN HOBBIES, O	THER INTERE	ESTS		
OTHER ORGANIZATIONS TO WHICH YOU	I DELONC			
OTHER ORGANIZATIONS TO WHICH TOO	BELONG			
SECRETARY'S NAME				
		_ *		
	ALTERNATE	MEMBER		
FILT. NAME		NITC	CKNAME	
FULL NAME	HOW LONG W			
POSITION: STOCKHOLDER PART				□ ОТНЕВ
1001110N DIOCKHOLDER - FARI	ASA L MEN.	JOCIALE	- INTROTPAL	
HOME ADDRESS				
HOME PHONE				
BIRTH DATE				
SPOUSE'S NAME	SPOUSE'S F	BIRTHDAY		
NO. OF CHILDREN HOBBIES, O				
		<u></u>		
OTHER ORGANIZATIONS TO WHICH YOU	J BELONG			
	<u>-</u>			
SECRETARY'S NAME		•		

TO THE BOARD OF DIRECTORS:

We hereby make application for membership in KENDALL NETWORKERS, INC. and promise, if accepted, to comply with all requirements listed below. An Executive Officer, or Member of our firm, will regularly attend all meetings.

Our check will be cashed upon acceptance for membership covering the one-time Membership Fee and the first months' dues, in advance. If accepted, we further understand that no firm or individual, whose main activity conflicts with our main business activity, will be accepted into membership. We understand further that this restriction does not apply to our secondary business activity.

We agree to support fully the By-Laws of THE KENDALL NETWORKERS, INC. and to subscribe to the letter and spirit of the following Pledge.

MEMBERSHIP PLEDGE

(To be signed by each member)

I will attend each and every breakfast meeting, or, in case of necessary absence, have my Alternate present.

I will register at each Open House, or, in case of necessary absence, have my Alternate present.

I will do my part in supporting THE KENDALL NETWORKERS, INC. by reporting business referrals at each meeting.

I will become familiar with the business interests of fellow members, so that I recognize opportunities to be of service to them in their business.

I will solicit, through systematic effort, the co-operation of my associates and employees in the performance of this obligation.

I will report to KENDALL NETWORKERS, INC. without delay, information which will assist fellow members to obtain business, unless prevented from doing so by reason of any special relationship or confidence. I will act promptly on all information received, follow it up diligently, and make every effort to turn it into business.

I will recommend, at all times appropriate, the services and products of fellow members.

I will handle all recommendations reported to me in a thorough manner so that it will reflect credit on the members recommending my product or service.

I will always give fellow members every possible preference in business transactions, other things being equal, considering, of course, legitimate policy demands with reference to established business connections.

I will strive, at all times, to dispense quality merchandise and service, commensurate in value with the purchase price or professional fee.

I hereby pledge to hold sources of information strictly confidential unless authorized to communicate then.

I will prepare a Business Presentation on my firm and sponsor an Open House when called upon unless an unavoidable circumstance prevents me from doing so.

I promise to pay the dues in full within 10 days of the due date.

I have attached a \$50.00 check for the application fee, which is refundable if I am not accepted.

Applicant

Sponsor-Member

Chairman, Membership Committee

President

For Office Use Only:

Date Submitted		
Date Accepted	Date Rejected	
President's Signature		

#		INITIALS	D.	ATE
1	Prepare Certificate and Provide Frame		/	/201()
2	Record Anniversary and B-day			
	OR			
	Send e-mail requesting Anniversary and B-day		_/	/201 <u>()</u>
3	Add E-mail Address to E-Flash	Ī	_/	/201 <u>()</u>
	- Billing -			
4	Record Credit for Referring KN Member		_/_	/201()
5	Billing starts (Circle one) (Jan) (Feb) (Mar)			
	(Apr) (May) (Jun) /01/201()			
	The Math-First Six Months ending 06/30/201()			
	Months @ \$30 per month = \$		_/	<u>/201()</u>
	OR			
	Billing starts (Circle One) (Jul) (Aug) (Sep)			
	(Oct) (Nov) (Dec) /01/201()			
	The Math-Second Six Months ending $12/31/201($)			
	Months @ \$30 per month = \$		_/	/201 <u>()</u>
6	File App and Copy of Certificate		_/	/201 <u>()</u>