

L.I.CONNECTS



"A Team of Experts"

Membership Application Form

Name : _____ Date: _____

Company: _____

Office Phone: _____ Cell: _____ Fax: _____

E-Mail Address: _____

Address: _____

Your Service / Product : _____

How long have you been in this business / industry? _____

How long have you been with this company? _____

What do you hope to get from being a member of L I Connects? _____

What value can you bring to the group? _____

Who are you looking to do business with? _____

What is a good lead for you? _____

What other networking groups do you belong to? _____

*Applicant is entitled to two meetings before the applicant decides he or she would like to become a member

**Once accepted, if Applicant does not submit a payment for membership within 30 days then the position becomes available for someone else to fill

***Cost of Membership is \$100 per year.