

SNRG



APPLICATION

Name _____ Email _____

Company Name _____

Business Phone _____ Cell Phone _____

Business Address _____

Company Age _____

Occupation/Title _____ Website _____

Describe your company, product and/or service _____

Does Arizona require a License for your business/industry? Yes No

License # _____

Personal References

Name	Name	Name
Phone	Phone	Phone
Relationship	Relationship	Relationship

I agree to attend weekly meetings or send a substitute (limit 3 times in one quarter).
I may be absent no more than three (3) meetings in any given quarter.
Should I miss more than three meetings without a substitute my category will be considered open.

I have read the SNRG bylaws and mission statement.

Signature _____ Date _____

Application rec'd _____ Payment rec'd _____ Check # _____

Verified references _____ Applicant notified _____