SESORE Application for Membership

Name_____ Company Name _____

Phone _____ Cell Phone _____ Email _____

Membership Costs - $150.00 per year / $100.00 per year for APRO members

Who invited you to SESORE _____

Experience/Education in your field (License, Degree, Certificates) _____

_____

Full or Part Time _____ How long in Business _____

Commitment

❑ Committed to meetings? (meet twice a month on Friday's at 8:00 am sharp for 1 hour) _____

❑ What is your ability to bring guests _____

❑ Do you belong to other Network Organizations _____

❑ If so, which ones _____

Process

❑ 1 meeting as a guest
❑ Complete this application and email or fax to Kim Panozzo @ 602-749-6333 or kimpanozzo@cox.net
❑ Member Approval

Approval Process

❑ Majority Approval

Yes _____   No _____