

New Britain Network Group Membership Registration Form

Name _____

Business Name _____

Nature of Your Business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Who in invited you to join? _____

How will your participation benefit NBNG? _____

What are your expectations of the NBNG? _____

I agree that I will be a member in good standing for as long as I am in the New Britain Network Group. I will pay quarterly dues on time. I will promote NBNG business and services at every opportunity. I will attend as many meetings as possible with no more than two unexcused absences per quarter. I will endeavor to give quality leads to members, at least one monthly. I will follow up on all leads in a timely manner.

Signature

Date