



[Your membership is subject to acceptance. Only 1 member per profession.]

Name: _____

Business Name: _____

Business Address: _____

Profession: _____

Phone Number: _____

Email: _____

Your website: _____

Business Reference 1: _____ Phone: _____

Business Relationship: _____

Business Reference 2: _____ Phone: _____

Business Relationship: _____

I understand that by joining Chesapeake Networking Group I will be paying a fee of \$50.00 for the year, as well as contributing my time by attending the meetings the first three (3) Tuesday at 8:00 am. I also agree to abide by the rules of Chesapeake Networking Group. [Make checks payable to: Chesapeake Network Group]

Signature _____

Date _____

www.ChesapeakeNetworkGroup.com