



MEMBERSHIP APPLICATION

Name _____

Home Address _____

Business Name _____

Business Address _____

Phone _____ Fax _____ Mobile _____

Email _____

Position/Title _____

Industry _____

Nature of Business _____

Sponsoring Member _____

Please mail this completed form to:
MEG, PO Box 433, Matthews, NC 28105, Attn: Membership
Please do not include a check.

This application will be reviewed at the next board meeting.

Please be aware of these basic requirements for membership which are designed to preserve the integrity and working relationships within MEG.

- Membership dues are \$70.00 per quarter and must be paid within 30 days of receipt of notification.
- Membership is non-competitive. If employment changes, application for membership must be resubmitted.
- Members will attend at least 70% of regular meetings, which are held each second and fourth Wed. of each month at 7:15.
- Members will participate in referring qualified sales opportunities to other MEG members or add \$1 to the leads bowl.
- A limited basic background check will be run on new applicants.

Signature: _____ Date: _____