



1401 North University Drive - Suite 500  
 Coral Springs, FL 33071  
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 www.pnanetwork.com

## Health and Justice Alliance Application

**Contact Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

### Business Information

**Area(s) of Specialization:** \_\_\_\_\_ **Secondary Legal Category:** \_\_\_\_\_  
 Are you a member of a local board or society?  Yes  No  
 If yes, please indicate which local board or society: \_\_\_\_\_

### Personal Information

*Note: Attach resume or biography if available*  
**Experience:** \_\_\_\_\_

### References

Contact Name	Address	Phone	Email
1.			
2.			

### Questionnaire

Please list any existing Charitable/Civic organizations that you currently support:

1.	
2.	

### Educational Information

<b>Undergraduate School:</b> _____	<b>Year Graduated:</b> _____
<b>Graduate School:</b> _____	<b>Year Graduated:</b> _____

### Agreement

I understand and agree to the Premier Networking Alliance's Ten Golden Rules for membership. No checks for membership will be cashed until the prospective new member has been reviewed and accepted in the category applied. PNA reserves the right to decline an application for whatever reason, without recourse. Please select one of the following methods for the Premier Networking Alliance to contact you regarding your application. If accepted for membership, this is non-refundable.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**For your application to be considered, please send a check for \$500 and completed form to/or provide your credit card information in the space below.**

**Scott J. Brook Esq. 1401 N. University Drive Suite 500, Coral Springs, FL 33071 C/O PNA INC.**

*(\$500 covers annual membership and one-time registration fee of \$100)*

Name:	Card Number:	Expiration Date:
Security Code ( 3 Digits):	Zip Code:	Signature: