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## PNA LEGAL APPLICATION

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

### Company Information

**Primary Legal Category:** \_\_\_\_\_ **Secondary Legal Category:** \_\_\_\_\_  
**How Long In Business:** \_\_\_\_\_

### Personal Information

*Note: Attach resume or biography if available*

**Experience:**

### References

Contact Name	Address	Phone	Email
1.			
2.			

### Questionnaire

What are your expectations of your membership in PNA Legal?


How did you hear about PNA Legal?


**How did you hear about PNA?**  Website  PNA Member \_\_\_\_\_  Media  Other

### Signature

**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: