



**PREMIER NETWORKING ALLIANCE**  
 1401 N. University Drive, Suite 500  
 Coral Springs, FL. 33071  
 Ph: 954-757-5551  
 Fax: 954-757-1770  
 www.pnanetwork.com

**PNA MEMBERSHIP APPLICATION**

<b>Contact Name:</b>		<b>Company Name:</b>	
<b>Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	<b>Email:</b>

**Company Information**

<b>Primary Service / Product:</b>		<b>Secondary Service/Product:</b>	
<b>PNA Club Preference:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> After Hours			
<b>PNA Chapter:</b>		<b>Category Applying for:</b>	
<b>How Long In Business:</b>			

**Personal Information**

*Note: Attach resume or biography if available*

**Experience:**

---



---

**Education:**    High School     College     Trade     Other:

**References**

Contact Name	Address	Phone	Email
1.			
2.			
3.			

**Questionnaire**

Are you willing to commit to PNA Community Service Projects?    YES     NO

Please list any existing Charitable/Civic organization that you currently support

1.	3.
2.	4.

**What are your expectations of the PNA membership?** \_\_\_\_\_

**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.

Email     Mail    Phone:  9:00 – 5:00     After 5:00

**Signature**

<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Title</b>

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

**Credit Card Information**

<b>Name:</b>	<b>Card Number:</b>	<b>Expiration Date:</b>
<b>Security Code ( 3 Digits):</b>	<b>Zip Code:</b>	<b>Signature:</b>

**FOR OFFICE USE ONLY:**    **CTD:** \_\_\_\_\_

**For application to be considered, please send check for \$400 and completed form to:**  
**PNA, Inc., 1401 N. University Drive Suite 500, Coral Springs, FL 33071**  
*(\$400 covers annual membership of \$300, plus a one time registration fee of \$100)*