



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

- Business Premium Membership** (\$350/includes one-time \$50 registration fee for annual membership)
 Social Membership (\$200/includes one-time \$50 registration fee for annual membership)

Contact Name:		Company Name:	
Address:			
Phone:		Fax:	Email:
Company Information			
Primary Service / Product:		Secondary Service/Product:	
PNA Club Preference:		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> After Hours	
PNA Chapter:		Category Applying for:	
How Long In Business:			
Personal Information			
<i>Note: Attach resume or biography if available</i>			
Experience:			
Education: High School <input type="checkbox"/> College <input type="checkbox"/> Trade <input type="checkbox"/> Other: _____			
References			
Contact Name	Address	Phone	Email
1.			
2.			
Questionnaire			
Are you willing to commit to PNA Community Service Projects? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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.			
<input type="checkbox"/> Email		<input type="checkbox"/> Mail Phone: <input type="checkbox"/> 9:00 – 5:00 <input type="checkbox"/> After 5:00	
Signature			
Signature		Date	
Print Name		Title	
How did you hear about PNA? <input type="checkbox"/> Website <input type="checkbox"/> PNA Member _____ <input type="checkbox"/> Media <input type="checkbox"/> Other			
Credit Card Information			
Name:	Card Number:	Expiration Date:	
Security Code (3 Digits):	Zip Code:	Signature:	
FOR OFFICE USE ONLY: CTD: _____			

For application to be considered, please send completed form to:
PNA, Inc., 1401 N. University Drive Suite 500, Coral Springs, FL 33071