



Meeting Time

Every Monday - 11:45am-1:00pm **GMA Community Room** 225 Commerce Place

www.networking-gurus.com

Membership Application

Name:		Date:			
Company Name:					
Title: Email	Address	:			
Business Address:					
City:	_State: _	Zip:			
Business Phone:		Website:			
Mobile Phone:		Would you like to re	eceive t	ext reminders? Yes	No
Birthday: MonthDay	_				
Primary Business Industry:					
In one sentence, what referrals you are seeking (co	mpany d	lescription):			
Please provide a brief bio (may attach separate she	eet of par	per if more room ne	eded):		
Are you currently a member of GMA?					
•		Yes	No		
Who pays for your Gurus Group membership?		Yes Company	No Self (are	vou reimbursed? Y	N)
Are you currently a member of another networking		Company Yes	Self	you reimbursed? Y	N)
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