



1234 Main Street
 Suite 100
 Woodstock, Georgia 30189
 membership@nogarn.com
 www.nogarn.com

Membership Application

Please complete both sides of this application and return during a chapter meeting (do not mail)

Date:		Chapter:		Email Address:	
Name:			Home phone:		
Home address:				Cell phone:	
City:		State:	Zip:	Fax number:	
Sponsor:				Voice mail:	

Your business information

Business name:			Business phone:		
Business Address:				Other contact:	
City:		State:	Zip:	Web site:	
Describe your business (be specific):					

Please complete questionnaire:

1) Expertise in your field: _____

2) Education (include degrees/certifications/designations/licenses): _____

3) Is the occupation, under which you are applying, a full or part time job? _____

4) How long have you been in the field under which you are applying? _____

5) Do you belong to other networking groups? (If so please list): _____

6) How do you expect to benefit (and be beneficial) from your association with this group?: _____



Code of Ethics

Upon acceptance to the North Georgia Referral Network, I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.

1. I will provide the highest quality of services to my customers.
2. I will be truthful with NOGA members and their referrals.
3. I will build goodwill & trust among NOGA members and their referrals.
4. I will take responsibility for following up on the referrals I receive.
5. I will display a positive & supportive attitude with all NOGA members.
6. I will live up the ethical standards of my profession.

Applicant's signature: _____

Business References ***(Other than an existing NOGA Member)***

1) Name: _____ Position _____
Business: _____ Phone: _____ Fax: _____
Business Relationship: _____

2) Name: _____ Position _____
Business: _____ Phone: _____ Fax: _____
Business Relationship: _____

For Membership Committee Use Only

References and information verified by: _____ Date: _____

Committee's recommendation to President: Accept () Decline () this membership application.

Comments: _____

Committee members: _____