

**WNY PROFESSIONAL REFERRAL ORGANIZATION (WNYPRO)
MEMBERSHIP APPLICATION**

WNYPRO is a group of business owners and dedicated full-time sales professionals doing business in the Western New York area. The Group meets weekly to provide a forum for the exchange of qualified business referrals, and to recruit new members to the group, thus helping all members grow their businesses.

A prospective member may attend up to two WNYPRO meetings as a guest, during which time they will be approached as to their interest in membership and given an application. Return your completed application to the Membership Committee, who will review the application and submit it for consideration.

Membership Dues are paid semi-annually. Upon acceptance a check will be due for the first 6 months and is non-refundable. You will be notified before the next scheduled meeting as to the decision of the Membership Committee. A breakfast/room fee is also charged.

Name _____
Business Name _____
Business Address _____
Business Phone _____ **Cell#** _____
E-Mail Address _____ **Home #** _____
Sponsoring Member _____

How long have you been in your current field? _____
How long have you been with your current company? _____
What specific strengths do you have? _____
Please list past and current membership or affiliations with other networking groups: _____

Please list any other business and community groups you actively participate in, and list any leadership positions held: _____

Please Give Two Business References:

1. Name: _____
Address: _____
Phone: _____ **Contact Name:** _____
Business Relationship: _____

2. Name: _____
Address: _____
Phone: _____ **Contact Name:** _____
Business Relationship: _____

Your Signature: _____ **Date:** _____

Recommendation: Accept _____ **Deny** _____