



Director Contact: Beverley Steinman, 1405 Brookside Drive, Unit 2; Munster, IN 46321  
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## Membership Application Form

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bus Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

Is this business your ( ) Full-time or ( ) Part-time occupation? Are you the ( ) Owner or ( ) Employee?

How did you Hear About NWI NP? ( ) E-mail ( ) Newspaper ( ) Referred By: \_\_\_\_\_

Please list your category or categories: \_\_\_\_\_

Please describe the services and/or products that your company offers:

Business Date of Establishment: \_\_\_\_\_ Number of team employees: \_\_FT\_\_ PT \_\_\_\_\_ Temp

Please list the 2 most important benefits that you want to gain from joining NWI NP?

Please give us the name and number of anyone that could benefit from NWI NP?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Company: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Company: \_\_\_\_\_

*Please check to make sure that you have completed all information above*



### **Commitment to Join NWI NP**

As an NWI NP member, it is very important that you are committed to being a contributing member and are involved in the group because it will mutually benefit all members. You need to be committed to attending and contributing.

By signing this sheet, you agree to adhere to all guidelines in the Operating Manual.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_