Orlando Network Exchange (O.N.E.)

Membership Application

Date:				Registration Fee: \$100.00					
Applicant Name	e:			Annual Membership: \$ 99.00					
Business Name	:			Total (Cash / Check / CC): \$199.00					
Business Catego	ory:								
Business Addre									
City, State, Zip:									
Website Addres	ss:								
Business Phone	.		Cell Phone:						
Email Address:									
	ļ								
A: Occupation:									
R: Evnerience in	B: Experience in Field:								
b. Experience ii	i i iciu.								
C: Education/Ba	ackgrou	nd in Field (Degrees, Licenses, or Cro	edentials):						
D. Milest ether i	\1 - 4	li O		de Labara Bakk					
D: What other i	vetwor	king Organizations do you belong to	or visit regular	rly (please list):					
Business References:									
Business Refere	ences:								
Business Refere	ences:			Phone					
	ences:		Email:	Phone					
Company:	ences:		Email:	Phone					
Company: Contact: Relationship:	ences:		Email:						
Company: Contact: Relationship: Company:	ences:			Phone					
Company: Contact: Relationship: Company: Contact:	ences:		Email: Email:						
Company: Contact: Relationship: Company:	ences:								
Company: Contact: Relationship: Company: Contact: Relationship:	ences:			Phone					
Company: Contact: Relationship: Company: Contact: Relationship: Company:	ences:		Email:						
Company: Contact: Relationship: Company: Contact: Relationship: Company: Company: Company:	ences:			Phone					
Company: Contact: Relationship: Company: Contact: Relationship: Company:	ences:		Email:	Phone					
Company: Contact: Relationship: Company: Contact: Relationship: Company: Company: Company: Relationship:	I certify	that the information provided is accurat my references:	Email:	Phone					

Applicant Name:										
Business Name:										
Expectations: 1. I agree to arrive on time each week and attend for the entire meeting which will take place every Thursday from 11:30A - 1:00P.										
2.	_	agree to have no more than 4 absences in a 6-month period without sending a substitute to take my ace (Jan - June or July - Dec). I understand that 2 subs will count as 1 absence.								
3.	. I agree that after 5 absences in a 6-month period my membership will be revoked and my business category opened to new applicants. There is however, a one-time option to immediately reapply for fee of \$199.									
4.	1. I understand that ONE is a Networking Group based on the exchange of qualified referrals and that my success in this group will be largely determined by my contribution to the group as a whole.									
5. I understand that my membership is my own and that any changes (company worked for, category represented, person represented will require a new application.										
Signature:						Date:				
ONE Officers:										
	Presi	dent:		Scott Proctor	Phone:	(407) 435-6438				
	Vice President:		nt:	Richard Kuhn	Phone:	(407) 255-0555				
	Treasurer/Secretary:		cretary:	Tony DeMarchi	Phone:	(407)-256-9416				
president@orlandonetworkexchange.com					membership@orlandonetworkexchange.com					
ADMINISTRATIVE USE ONLY:										
Verified References: Yes No										
Recommendation: Accept Decline										
Additional Comments:										