

THE ACCESS NETWORK

advance **your** skills, expand **your** network and grow **your** business.

Application for Membership in the Access Network

Name: _____

Company: _____

Title/Position: _____

Company Address: _____

City/State/Zip: _____

E-Mail: _____

Phone: _____

Fax: _____

Area of interest: Baltimore City Pikesville Towson

Other: _____

Business Experience/Expertise: _____

Years of Experience: _____

Education: _____

Can you commit to attending 1-hour weekly meetings on regular basis? _____

If not, can a colleague in your company attend on your behalf? _____

To which other business/networking organizations do you belong, if any?

What would make you the ideal candidate to represent your business industry/service?

Business References:

Name: _____ Title: _____.

Business: _____ Phone: _____.

Relationship: _____

Name: _____ Title: _____.

Business: _____ Phone: _____.

Relationship: _____

Signature: _____ Date: _____

Individual Membership Fee: \$395 (due with application)

Membership to 3 Groups: \$999 (due with application)

To pay with Visa, MasterCard, AMEX, Discover and eChecks go to

<http://www.accessnetwork.us/register.html> To pay by check, mail your application to:

The Access Network

E-Global Interactive

PO Box 36114

Towson, MD 21286

(410) 258-1500

(866) 680-1082 Fax

Application/Membership fees are NON-REFUNDABLE upon payment.