



INSPIRING NEW GROWTH NETWORKING  
New member application

1320 E. ATLANTIC STREET  
SPRINGFIELD, MO. 65803  
(417) 422-3892  
Gerrymathislb@yahoo.com

**Member Name** \_\_\_\_\_

**Business** \_\_\_\_\_

**Job Title** \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Company, Location**

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

**Personal Address (optional)**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

**Business References**

Name \_\_\_\_\_

Business \_\_\_\_\_ Phone Number \_\_\_\_\_

**Business References**

Name \_\_\_\_\_

Business \_\_\_\_\_ Phone Number \_\_\_\_\_

**Business References**

Name \_\_\_\_\_

Business \_\_\_\_\_ Phone Number \_\_\_\_\_

**ING** is an industry exclusive networking group that meets weekly for the main purpose of passing referrals and building our networking connections. The cost of joining **ING** is \$100.00 per year. \$50.00 is donated into an account and at the end of the year each chapter votes on a local charity to donate the funds to. **ING's** members have a voice and a vote in the policies and procedures that operate **ING**, making us a member owned and member operated group.

**Business License & Insurance**

Yes or No

If yes please provide a copy with your application.

If no, please speak with your chapter coordinator to see if you are required by **ING** policy to provide these items.

**AWARDS/ SKILLS**

Please list out any Awards or Skills that you offer for your business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ING office use only:**

Chapter Name \_\_\_\_\_

Paid yearly dues Y or N \_\_\_\_\_

Date Paid \_\_\_\_\_

Check Cash \_\_\_\_\_

Date Approved into **ING** \_\_\_\_\_

