



Lake Norman Executive Board

Membership Application

Date _____ Business Category: _____

Applicant Name: _____

Business Name: _____

Business Address: _____

Home Address (Optional): _____

Business Phone: _____ Mobile Phone: _____

E-Mail Address: _____

Birthday (mm/dd): _____

Describe your Business/Product/Service: _____

What do you expect to gain from the group: _____

What do you expect to contribute to the group: _____

Are you willing to make the commitment to attend the weekly meetings on time and stay throughout the entire meeting: _____

Referred By: _____

Make checks payable to Lake Norman Executive Board

Memberships dues are non-refundable.

This is an invitation only organization. A prospective member may attend only two meetings as a visitor. The Lake Norman Executive Board will only accept one person per profession to join as a member.

This is a professional referral organization. We believe that our standards are of the highest order and your signature signifies your confidentiality pertaining to the information received about the members and their businesses.

Applicants Signature: _____

Please describe what your business does in 30 words or less:

Annual membership dues: \$175

Payment type: _____ Check _____ Cash