



FINGAL NETWORK INITIATIVE | Membership Application

Applicants Name:

Business Name:

Business Address:

Contact Details: (M) _____ **(E-Mail)** _____

Industry Related: _____

Is this your primary profession: _____

No. Staff Employed:

Referees if Required (2) _____

(2 referees required unless endorsed by existing member)

Endorsed by which existing Group member: _____

Are you a member of any other networking group? If yes which one(s):

If yes to the above do you agree that you will give Fingal Network Initiative your primary focus: _____

Do you agree to abide by the rules and guidelines of the group: _____

Have you paid your Contribution: _____

Signature of new member

Signature of committee member

Date: _____

Date: _____