

Date: _____

Referred by: _____

APPLICATION FOR NETWORKING MEMBERSHIP

MASTERMIND

PROFESSIONAL DEVELOPMENT, LLC

Team: _____

Name: _____ Title: _____

Company Name: _____

Office Address: _____

Office Phone: _____

Cell Phone: _____

Email address: _____ Website: _____

Business Category: _____

Describe the product or service that you will be representing in MasterMind PD Networking: _____

Profession:

How long in the industry: _____

How long with your current company? _____

If less than 12 months, state your previous employment _____ How long? _____

If you are unable to attend a meeting, do you have someone you can send as a substitute? Yes / No

Networking Activities and Experience

1. _____

2. _____

3. _____

MEMBERSHIP DUES

Annual Participation Fees: \$ _____

Tax:

Amount Due: \$ _____

By signing below, I understand the dues stated above are for a 1-year Membership to Mastermind Professional Development, LLC aka MasterMindPD and are payable upon acceptance of membership. Once offered membership and you accept, dues are non-refundable. Mastermind Professional Development, LLC will email you an invoice upon acceptance.

Signature

Date

Terms and Conditions: Mastermind Professional Development, LLC herein noted as "MasterMind PD".

Arbitration. All disputes arising out of or related to this Agreement or the member's participation in MasterMind PD shall be resolved by binding arbitration in accordance with the laws of the State where the applicant's MasterMind PD Team is located. The Arbitration shall be subject to the Rules of the American Arbitration Association. This clause encompasses any and all disputes involving MasterMind PD, and their officers, directors, agents and representatives.

Limitations on Liability. Notwithstanding any other provision of this Agreement, any liability to you involving MasterMind PD, its partners or members for any cause whatsoever arising out of or related to this Agreement and/or membership or participation in MasterMind PD, and regardless of the form of the action, will at all times be limited to the amount of yearly dues paid by you for the membership in MasterMind PD. Except in jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages.

I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination at MasterMind PD's discretion without any reimbursement. I further understand that my membership is conditional and I agree, accept and will abide by all the terms and conditions set forth herein and those contained within the MasterMind PD Policies, Procedures, Rules, Regulations and MasterMind PD Principles, Values and Moral Commitments of the Organization.

I understand this is a Professional Development and Networking Organization with one member per profession per Team. Attendance, referral generation and professional attire will be required. I understand Membership is a privilege and if I do not follow the rules of the organization, I can be removed at the Owner's discretion and no refund will be issued. I understand that the membership is approved for the individual joining and nontransferable unless approved by MasterMind PD.

ONCE ACCEPTED TO Mastermind Professional Development, LLC, FEES ARE NONREFUNDABLE WITHOUT EXCEPTION

Mastermind Professional Development, LLC is not required to accept all applications or interview all applicants. By signing below, you acknowledge you have read, understand and agree to the above stated information.

Applicant's Signature: _____ Date: _____

PLEASE EMAIL THE SIGNED, COMPLETED APPLICATION:

Susan@mastermindpd.com or fax: 1-301-349-5750

Any questions please contact: Susan Bierly 301-518-5984 / 301-972-7115

Susan@mastermindpd.com www.mastermindpd.com

MasterMind PD Office Use Only:

Date: _____

Attendees: _____

NOTES: _____

Member: Accepted / Date: _____ Rejected / Date Notified _____