

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: \$ \_\_\_\_\_

Discount \$ \_\_\_\_\_

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

Payment option available with additional fee added.

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](mailto:Susan@mastermindpd.com) or fax: 1-301-349-5750

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

[Susan@mastermindpd.com](mailto:Susan@mastermindpd.com) [www.mastermindpd.com](http://www.mastermindpd.com)

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**MasterMind PD Office Use Only:**

Date: \_\_\_\_\_

Attendees: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member:  Accepted / Date: \_\_\_\_\_  Rejected / Date Notified \_\_\_\_\_