



**Canalside
Trailblazers
Networking**

Group Membership Application

Date: _____

Name: _____

Office Phone: _____

Company: _____

Cell Phone: _____

Address: _____

Fax Phone: _____

City/ Zip: _____

Home Phone: _____

Email: _____

Web Page: _____

CTN Sponsor: _____

Business Information/Bio (Define the products and services of your industry/position that you will be holding within CTN)

Payment:

Annual Dues \$ 175

First 6 months \$ 280

Total Joining Fee \$ 400

Quarterly Room Fees \$140 (after first 6 months)

Prorated to January 1, April 1, July 1, October 1 (after first 6 months)

Check #: _____ / Cash: _____

Please sign here: _____

Position/Committee you would like to participate in:

President, Vice President, Secretary, Treasurer, Social Committee, Membership Team



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Resume:

Experience:

Years in Business: _____

Full/Part-time: _____

What other Business Groups do you belong to? _____

Business References:

Name: _____ **Position:** _____

Business Name: _____ **Phone:** _____

Business Relationship: _____

Name: _____ **Position:** _____

Business Name: _____ **Phone:** _____

Business Relationship: _____

Name: _____ **Position:** _____

Business Name: _____ **Phone:** _____

Business Relationship: _____

CTN Code of Ethics

As a member of CTN, you will provide a good role model as a member, providing excellent customer service, following up on referrals, be supportive, positive, and truthful with members. You will participate in an active role on committee/ position with-in CTN guidelines, follow CTN guidelines/rules, and focus on providing referrals to members of CTN. Any issues with CTN or its members will be resolved via binding arbitration per NYS law. You will not hold CTN, Leadership, or Member Liability for any issues. You understand that your success and referrals are based on your commitment to CTN, getting to know members and referring business.

Signature: _____ **Date:** _____

Membership Committee Only:

Verified References? Yes No

Verified Information? Yes No

Member Reviewing: _____

Comments _____

Recommendation Yes No Explain Decline _____