



# MEMBERSHIP APPLICATION



## INDIVIDUAL MEMBERSHIP – PLEASE FILL OUT TOP SECTION ONLY AND SIGNATURE

Applicant Name:		Company Name:	
Address:			
City:	State:	ZIP Code:	
E-mail:	Phone:	Title:	
I would like to serve on a committee: Y / N			

## CORPORATION - PLEASE FILL OUT THIS SECTION AND PRIMARY SIGNATURE (USE SEPARATE PAGE FOR ADDITIONAL APPLICANTS IF NEEDED)

Company Name:		Primary Contact:	
Company Address:			
City:	State:	ZIP Code:	
E-mail:	Phone:	Title:	
I would like to serve on a committee: Y / N			

## CORPORATE APPLICANT # 2

Applicant Name:			
Address (if different than above):			
City:	State:	ZIP Code:	
E-mail:	Phone:	Title:	
I would like to serve on a committee: Y / N			

## CORPORATE APPLICANT # 3

Applicant Name:			
Address (if different than above):			
City:	State:	ZIP Code:	
E-mail:	Phone:	Title:	
I would like to serve on a committee: Y / N			

## SIGNATURES

Individual:	Date:
Corporate Primary:	Date:

### E-MAIL WIFI APPLICATIONS TO WIFIASOC@GMAIL.COM, OR MAIL

### WITH CHECKS PAYABLE TO WIFI TO:

Taryn Goodman, WIFI

P.O. BOX 242, Northvale, NJ 07647

**\$50 PER INDIVIDUAL\* (OR FOR FIRST 4 APPLICANTS) (\$200 FOR 5-9 CORP. APPLICANTS) (\$350 FOR 10+ CORP. APPLICANTS)**

\*Individuals facing financial hardship may call Rosa Hearn at 562-756-6765 to discuss payment options.

## INTERNAL USE ONLY

Application Received by:	Date:
Application Approved by:	Date:
Payment Received by:	Date: