Membership Application
2026

Networking Professionals of New Braunfels

Applicant Information

Name Company Name

Business Address

Email Phone

Web Address

About your business

Product / Services you offer

Is this your full-time job? License Information

Estimated Employees

Background

What is your experience in your field of occupation?

How long have you been with the company you are representing today?

Are you willing and able to make a commitment to participate in the weekly meetings?

Are you willing to be on time and stay for the entire 90 minutes?

Is there anyone else from your company who is willing and able to attend on your behalf, should you be unable to attend?

If so, please name them.

Are you willing and able to bring referrals or visitors to the meeting?

Do you belong to any other networking group? If so, which ones?

Have you ever been convicted of a felony? If Yes Date of Felony:

Business References. Please provide Name, Company, and Phone Number:

1.

2.

3.

By submitting this application, I confirm that the information provided Is accurate, and I understand that false statements can result in removal from the group.

Signature _____ Date