

APPLICATION FOR STARS MEMBERSHIP

PART I (Please fill in all areas)

Date: _____

Chapter Name _____

E-Mail Address _____

Applicant's Name _____

Business Phone _____

Business Name _____

Cell Phone _____

Business Address _____

Fax # _____

City _____

Describe your Product or Service Category _____

REGISTRATION FEE: \$50.00 \$ _____

ANNUAL FEE: \$100.00 \$ _____

TOTAL ENCLOSED: \$ _____

Sponsor's Name: _____

Applicant's Signature: _____

UPON YOUR ACCEPTANCE TO STARS, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION
SUBJECT TO TERMS ON REVERSE SIDE

APPLICATION PROCESS

PART II (Please read thoroughly)

1. A prospective member may attend two meetings as a visitor. At the second meeting, prospective members obtain a sponsoring member. Prospective members must have a sponsor. Prospective members then complete this application and submit it with a check to the Membership Committee for review.
2. The Membership Committee completes the screening process and notifies the prospective member of acceptance or non-acceptance before the next meeting.
3. The Membership Committee notifies the President.
4. The President announces new members at the STARS meeting following acceptance by the Membership Committee.

PART III (Please answer thoroughly)

1. Experience in Field/Occupation (be specific): _____

2. Educational background in Field/Occupation or Degrees, Licenses or Credential required to perform in Field/Occupation: _____

PART IV

1. Is the occupation under which you are applying for membership a full or part-time occupation? _____
2. How long have you been with the company you are representing today? _____
3. Are you able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the 90 minutes? _____
4. Are you willing to abide by the STARS Networking Values and Oath of Membership? _____
5. Is there an individual in your company who would be willing and able to attend meeting on your behalf, should you be unable to attend? _____
6. What do you expect to contribute to this organization? _____
7. What is your ability to bring qualified referrals or visitors? _____
8. Have you ever been a member of a networking organization? _____ If yes, please list _____
9. Do you belong to any other networking organizations? _____ If yes, please list _____
10. Have you ever been convicted of a felony? Yes _____ No _____

STARS Oath of Membership:

Upon acceptance to STARS, I agree to abide by the established Oath of Membership during the term of my participation in this business alliance.

Oath of Membership

1. I understand that membership at STARS Networking is a privilege granted to qualified professionals in good standing.
2. I testify that I am truthful, honest and have integrity in everything I do.
3. I accept and abide by the STARS Networking bylaws.
4. I will hold my customer's interests above my own business interests.
5. I will support the STARS Networking members and their businesses.

Professional standards outlined in a formal code of conduct for any profession supersede the above standards.

TERMS:

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

Limitations on Liability – Notwithstanding any other provision of this Agreement, any liability to you involving STARS, their officers, agents and representatives for any cause whatsoever arising out of or related to the Agreement and / or membership or participation in STARS, 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 STARS. 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.

BUSINESS REFERENCES

PART V

List Business References

(1) Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe) _____

(2) Name: _____ Position: _____

Business: _____ Phone: _____ Fax: _____

Business Relationship (describe) _____

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 STARS' 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 STARS Policies, Guidelines and Code of Ethics.

Applicant's Signature _____

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PART VI

-----MEMBERSHIP COMMITTEE USE ONLY-----

Verified Information and References: Yes No

Member: _____ Date: _____

Comments: _____

RECOMMENDATIONS TO PRESIDENT

Accept Decline Comments _____

If declined, was there conflict with job description of existing member? Explain: _____

Authorized Signature (Membership Committee) _____

Date _____