

### **Airport-West Chapter**

An Organization of Business Professionals





#### \*\*WHY JOIN THE GPBC?

- **5 GREAT REASONS:**
- \*To make more money.
- \*To meet other professionals you would not otherwise know.
- \*To act as a resource for your clients.
- \*To improve your public speaking skills.
- \*Longest tenured networking group in the area since 1991.

### \*\*OUR MEMBERS COMMIT TO:

- \*Regularly attended meetings or to send an alternate.
- \*Give a minimum of two referrals per month.
- \*Use our member services whenever possible.
- \*Help our organization grow by bringing guests.
- \*Maintain a high ethical and professional conduct.

#### \*\*VISITORS PROTOCOL:

- \*First time visitors. No fee.
- \*If there is a conflict of interest with an existing member, one visit only.
- \*The visitor will pay for the breakfast fee for each subsequent visit.

Any visitor will have up to four visits to decide upon joining the chapter.

Afterwards, the membership invitation will be withdrawn and the visitor will not be invited back to anymore meetings.

#### \*\*TO JOIN:

- \*First years dues \$100.
- \*Subsequent years dues \$50.
- \*Pre-billed quarterly for breakfast.
- \*Since conflicts of interest are disallowed, existing members have a 2-week period after an application is submitted in which to rescind the prospective member.



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# MEMBERSHIP APPLICATION

	Date
Last Name:	First Name:
Employer:	
Employer Address:	
Employer Phone:	Home Phone:
	any:Number of Branches:
Your Occupation:	Fax Number:
Your E-mail Address:	
Name: Occupation: Please check one of the following	o read? (Must be product or service you represent.  pulled a service you represent.  pulled a service of side and service you represent.  pulled a service of side and service you represent.  pulled a service of side and service your represent.  pulled or except the provided side and pulled your represent.  pulled or except the provided side and pulled your represent.  pulled a service of side and
Sales Partnership Other(Specify)	
Other(Specify)  I would like to serve on the followMembershipProgramSocialInspector	
(CONTIN	NUED ON OTHER SIDE)





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	and the second s	Employer Address:
r :-+ +1 (2) D:	Home Phone:	Employer Phone;
List three (3) Busi		Employer History: Age of Con
	Fax Number:	Your Occupation:
		Your E-mail Address:
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