



The JMT Network Program

(330) 231-1688 • (309) 423-3085 (fax)
jmt@jmt-associates.com • www.jmt-associates.com

Membership Application

Date of Application:	New Application Previous Member Application (mark one)
Referred by:	How did you hear about The JMT Network Program:

Your Name:	Title:
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Company Name:	Year Business Stared:
Physical Address:	Website:
Mailing Address:	
Business Phone:	LinkedIn Address:
Cell Phone:	
Fax:	Email:
Skype ID:	No. Employees:
Primary Service:	Type of Co. (Inc., LLC, Sole Proprietor, etc.):
Federal ID #:	Is your company full-time or part-time:

How can The JMT Network Program help you grow your business? Describe your expectations:
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Approximately how many hours per week can you contribute to The JMT Network Program activities?:
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Please Provide Three Business References:

Name	Company	Phone Number	Relationship

_____ Check if you are interested in serving on the Advisory Board.

The above information is complete and accurate. I agree to follow the rules and regulations of The JMT Network Program.

Signature:	Date:
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Please include a \$150.00 application fee payable to JMT & Associates, LLC. The fee will be returned if your application is not accepted.

Please include a completed Member Profile Sheet with your application.

FOR INTERNAL USE

Date Received:	Application Reviewed by:
References Checked by:	Applicant Interviewed by:
(Circle One) Accepted	Start Date:
Not Accepted – Explain:	Member No.:
Notes:	

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