



MEMBERSHIP APPLICATION

NAME OF BUSINESS _____

ADDRESS _____
CITY STATE ZIP

BUSINESS TELEPHONE _____ FAX _____ CELL/BEEPER _____ HOME PHONE _____

NAME OF PRIME MEMBER _____ TITLE _____ Date of birth _____

ALTERNATE MEMBER _____ TITLE _____ Date of birth _____

TYPE OF BUSINESS _____

WEB ADDRESS _____ E-mail Address _____

BRIEF HISTORY OF BUSINESS- include length of time & references

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MY FAVORITE HOBBIES / ACTIVITIES ARE:

OTHER ORGANIZATIONS YOU BELONG TO?

I WAS RECOMMENDED TO GCEN BY _____

TO BE APPROVED FOR MEMBERSHIP YOU MUST AGREE TO THE FOLLOWING:

- A. To attend 85% of host meetings and monthly breakfast (10 out of 12 per quarter)
- B. To host a meeting within 3 months of membership acceptance
- C. Attach a check in the amount of \$175.00 representing both dues and initiation fee for next full quarter. Mail completed application and check to Kim Serra-Rivera at Regent Bank 1100 SE 3rd Ave. Ft. Lauderdale, 33316. Depending on time of approval, you will be billed on a pro rata share for each month left in the existing quarter.
- D. Future quarterly dues are billed to a credit card (application attached)

I agree to the conditions above and submit my application for approval by the Board of Directors.

Signature

Title

Date



**1 Gold Coast Executive Network
1100 SE 3rd Avenue
Ft. Lauderdale, FL 33316
Kim Serra-Rivera, Treasurer- Phone (954)765-5500
GCEN Info Line: (954) 537-1246
WWW.GCEN.COM Email: info@GCEN.com**

Authorization Payment Agreement for Direct Payments

I (we) hereby authorize Gold Coast Executive Network, hereinafter called the Company, to initiate credit card payment debits for membership dues/fees. I (we) acknowledge the origination of these credit card payments must comply with the provisions of the U.S. Law.

Gold Coast Member Name/Category: _____

Name as it appears on credit Card: _____

Credit Card Type (American Express, Visa, MasterCard) _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Billing Address/Zip Code _____

Contact Phone Number: _____

Authorization to pay \$125.00 for Quarterly dues/fees for Gold Coast Executive Network.

Signature/Date

Please sign and remit with your Membership Application.