

## **NEW MEMBER SIGN UP AND AGREEMENT**

	First Name					
	Last Name					
	Phone					
	Email					
	Region					
	Chapter					
	Business Category					
	Sponsor Name					
Processing Fee: Billing Frequency Options: Select One		_ + Mo	onth	me Non-Refu hly (\$49.95/N	•	ablo)
Credit	: Card Number	Exp Date		cvc	Zip Code	ubic)
By signing this agreement, I authorize Master Networks, LLC to process my credit card for the total amount stated. I understand that my dues will be a recurring charge based on the frequency I have chosen. I also understand and agree to Master Networks' Terms and Conditions and the Member Guidelines and Policies.						
Signa	ture			Date		

To review the Member Guidelines & Policies and Terms & Conditions go to: <a href="https://www.masternetworks.com">www.masternetworks.com</a>

When this agreement is completed return to your Chapter President. You will receive a welcome email once your membership agreement has been processed.