



VETERANS RESOURCE NETWORK
OF SOUTHEAST MICHIGAN

Veterans Resource Network of Southeast Michigan Membership Application

To avoid any kind of conflict between members, our group allows only one representative from each field / profession/ business. Please review the attached list of our current members to see if your type of business is currently represented. If not, the board will review and consider your application at the next scheduled board meeting. If your type of business is currently represented, your company will be placed on a waiting list and your application will be reviewed and considered for membership if a vacancy occurs.

Applicant Name: _____

Address: _____
Street Address City State Zip Code

Company Name: _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Work Phone: _____

Cell Phone: _____ Email _____

Describe the type of Services your company provides. _____

How long have you been with this company? _____

What is your educational/experience, background in your field? Degrees? Credentials? Licenses?

Does your company have a Veteran Specific discount or Program?

YES NO

If Yes, Please Explain...

Have you participated in networking groups in the past?

YES NO

If Yes, Please Explain...

Are you a current member of any other Veteran Based program?

YES NO

If Yes, Please Explain...

What are you hoping to contribute as a member of the VRNSM? _____

What are you hoping to gain as a member of the VRNSM? _____

How did you hear about the VRNSM? _____

Commitment Expectations

- A minimum of 75% monthly meeting attendance
- Flexibility and willingness to schedule one-on-one meetings with other members
- Willingness to participate in community service and outreach efforts
- Volunteer time and or services for at least one VRNSM sponsored event per year

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application may result in my release.

Signature: _____ Date: _____