

The Wolf Pack



Network & Mastermind Group

Application

Date: _____

1. Member Classification:

€ Personal Membership

€ Company Membership (paid by a company)

€ Chapter

Name: _____

2. Your

Name: _____

3. Your Personal Cellphone

Number: _____

4. Your Business

Name: _____

5. Years in Business: _____

6. Business Address:

7. Business Phone

#: _____

8. Business Email

Address: _____

9. Business

Website: _____

10. Business Category:

11. Who Sponsor You?

Payment: There are two separate payments.

€ Initial Wolf Pack Application Fee: \$75.00(once a year)

€ Monthly Wolf Pack Membership: \$75.00(once a month)

- Initial Payment: Please make payments to The Wolf Pack Network mastermind Group
- Monthly Wolf Pack Membership: Please make payments to The Wolf Pack Network and Mastermind Group.

Methods of Payments:

CC Payment / Personal Check/ Cashier's Check

MasterCard/ Visa /Discover / Amex /

Name as it appears on credit card:

Credit Card number:

Billing Zip Code:

Card Security Code:

Expiration

Date: _____

Applicant Acceptance and Signature:

My signature below attests that I understand that The Wolf Pack Network and Mastermind Group dues are non-refundable, and that I have read, understand, and agree to abide by The Wolf Pack Network and Mastermind Group Application Agreement, fee structure and program requirements. I also understand that if I resign from The Wolf Pack, or my membership is terminated by the board of directors, my membership and renewal dues are non-refundable. I give my consent to The Wolf Pack Network and Mastermind Group to enroll me in automatic payments. Payments will be processed the last week of every month. I understand that I can cancel membership at any time because this membership is based on a month-to-month mutual agreement.

Signature: _____

Date: // _____