



Key Group Member Application

Name _____ Business Name _____

Work Title _____ Years in Business (min. of 3) _____

Business Address _____ Zip Code _____

Business Phone # _____ Fax # _____

Home Address _____ Zip Code _____

Home Phone # _____ Cell # _____

Email Address _____ Website _____

Business Facebook _____

Business Twitter _____ LinkedIn _____

Birthday (month/day) _____ Significant Other _____

Please describe your roles/responsibilities at work:

Please list your community involvement (boards, committees, etc.):

Please list your Professional Organizations and Memberships:

Name of Key Group member suggesting nomination _____

Thank you for applying to Key Group!
2018 / 2019 Membership Contact: Stephanie Rising
stephanie@therisingeffect.com - 520.271.7918

Office Use Only: Pass 1 date ___/___/___ Pass 2 date ___/___/___ Pass 3 date ___/___/___
Assigned Industry / Category _____ Approved BOD Date _____