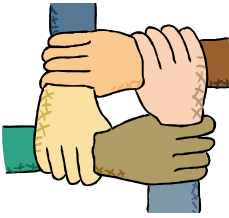


Collaborate!

Educate!

Facilitate!



RPN Member

Membership Form

Name _____ Email _____

Address _____

Phone _____ Mobile Number _____

Name of Agency/Organization _____

As a member of the Regional Partners Network (RPN) you will be required to:

1. Know the Mission of the RPN and be able to communicate to others.
2. Attend all regularly scheduled business meetings during the year.
3. Get to know your municipal officials and attend at least one city/county meeting to educate local officials on RPN.
4. Recruit new members voluntarily.
5. Be willing to hold an office, serve on a committee or actively commit to the activities of RPN.
6. Be familiar with and be governed by the bylaws of the Regional Partners Network.
7. Be familiar with organizations that work as our partners.
8. Be willing to provide training in your area of expertise when asked.

Your signature below indicates that you acknowledge and accept the terms and conditions of membership.

Member Signature _____

Date _____

Signature of RPN Director _____

It is the mission of the Regional Partners Network Inc. to be a statewide leader in regional networking to enhance the quality of life for all people in Southwest Georgia.