

Newtown/Monroe Power Network Application for Membership

Name: _____

Company: _____

Street: _____

City, State, Zip _____

Profession: _____

What product do you plan on representing in the Power Network?

Why do you want to become a member of the Power Network?

Please list two references (name and phone number)

1. _____

2. _____

Please enclose the \$50 annual membership fee.

Membership Committee Use Only

Approved? _____

Date accepted: _____

Please mail to: Paul Lavoie, 487 Howe Avenue, Suite 201, Shelton, CT 06484