

Business Connection Application for Membership

Date _____

Applicant's Name _____

Business Name _____

Business Address _____

Business Phone _____ Home Phone _____

Fax Number _____ Email _____

Describe Your Product or Services _____

Membership Fees	
Bi Annual \$375.00	\$ _____
Application Fee \$20	\$ _____
Annual Fee \$240.00	\$ _____
Application Fee \$35	\$ _____
Quarterly Fee \$99.00	\$ _____
<small>*Subject to change based on current prices</small>	
Total enclosed	\$ _____

UPON YOUR ACCEPTANCE TO BUSINESS CONNECTIONS, FEES ARE NON REFUNDABLE

Application Process

A prospective member may attend two meetings as a visitor. Following the second meeting, the prospective member must complete the application and submit it with a check to the Membership Committee for review. The Membership Committee will review the application and notify the applicant of acceptance or non-acceptance before the next meeting.

Occupation _____

Background in Field/ Degrees, Licenses, or Credentials _____

Is the occupation under which you are applying for membership a full or part-time occupation? _____

How Long have you been with the company you are representing today? _____

What do you expect to contribute to this group? _____

What is your ability to bring qualified referrals or visitors? _____

Do you belong to other networking organizations? _____ If so please list _____

Business Connection Application for Membership

Code of Ethics

Upon acceptance to Business Connections, I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.

All Members Shall:

1. Provide the quality of services at the quoted prices.
2. Be truthful with the members and their referrals.
3. Build goodwill and trust among members and their referrals.
4. Take responsibility for following up on the referrals received.
5. Display a positive and supportive attitude with the members of Business Connections.

Business References

List Business References

1. Name: _____ Position: _____
Business: _____ Phone: _____ Fax: _____
Business Relationship (describe): _____

2. Name: _____ Position: _____
Business: _____ Phone: _____ Fax: _____
Business Relationship (describe): _____

Membership Committee Use Only

Verified Information & References? _____

Member Name: _____ Date: _____

Comments: _____

Recommendations: Accept _____ Decline _____

If declined, was there a conflict with job description of existing member? Please explain: _____

Authorized Signature: _____ Date: _____