



APPLICATION

PART I (Please answer all questions)

Date:		
Applicants Name:	First	Last
Business Name:		
Business Address:		
City:	State:	Zip
Describe Your Product or Services (be specific):		

Website Address:
Email Address:
Business Phone: Please use numbers only, no letters
Cell Phone: Please use numbers only, no letters
Fax #: Please use numbers only, no letters
MEMBERSHIP FEE:.....\$ 300.00
MONTHLY FEE: \$15.00 PER MONTH
MONTHLY FEE DUE THE 1ST MEETING OF EACH MONTH
TOTAL ENCLOSED:.....\$ _____
Applicants Signature:

PART II (Please read carefully)

APPLICATION PROCESS

1. The Membership Committee completes the screening process and notifies the prospective member of acceptance or non-acceptance within two weeks.
2. The Membership Committee notifies the President.
3. The President announces new members at the business meeting following acceptance by the Membership Committee.

PART III (Please answer all questions)

1. Experience in Field/Occupation (be specific): _____

2. Education background in Field/Occupation or Degrees, Licenses or Credentials required to perform in Field/Occupation: _____

PART IV

1. Is the occupation under which you are applying for membership a full or part-time occupation? _____
2. How long have you been with the company you are representing today? _____
3. Are you able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the 90 minutes, and are you willing to abide by BP Policies, guidelines & Code of Ethics? Yes No
4. Is there an individual in your company who would be willing and able to attend meetings on your behalf, should you be unable to attend? _____
5. What do you expect to contribute to this group? _____
6. What is your ability to bring qualified referrals or visitors? _____
7. Do you belong to other networking organizations? Yes No If yes, please list: _____
8. Have you ever been convicted of a felony? Yes No



Business Partners

BYLAWS

Upon acceptance to Business Partners (BP), I agree to abide by the Business Partners Bylaws during the tenure of my participation in the organization.

PART V OUTSIDE BUSINESS REFERENCES – NOT FAMILY

List Business References:

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

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

I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination at BP's discretion without any reimbursement. I further understand that my membership is conditional and I agree, accept and will abide by all the terms and conditions set forth herein and those contained within the Policies, Guidelines and Bylaws.

Applicant's Signature: _____ Note: You may attach a resume or biography for additional information. Thank you.

UPON YOUR ACCEPTANCE TO BUSINESS PARTNERS FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION

PART VI

— MEMBERSHIP COMMITTEE USE ONLY—

Verified Information and References: Yes No

Member: _____ Date: _____

Comments: _____

RECOMMENDATIONS TO PRESIDENT

Accept Decline

Comments: _____

I declined, was there conflict with job description of existing member? Explain _____

Authorized Signature (Membership Committee) _____

Date: _____