

# BUSINESS OF SOUTHWEST FLORIDA NETWORK

*"A Management Level Business Referral Network"*

## APPLICATION FOR MEMBERSHIP

BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS:

MAILING ADDRESS (IF DIFFERENT) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS DESCRIPTION: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

HOW LONG IN BUSINESS? \_\_\_\_\_ YRS. TYPE:  SOLE PROPRIETOR  CORP

PLEASE BE ADVISED THAT WE WILL TAKE PARTICIPATION IN THE BUSINESS NETWORK VERY SERIOUSLY. HISTORY HAS PROVEN THAT NETWORKING IS ALL ABOUT BUILDING RELATIONSHIPS. WE HAVE FOUND THAT THE STRONGEST, MOST PROFITABLE RELATIONSHIPS IN OUR ORGANIZATION HAVE BEEN BUILT AS A RESULT OF THE SOCIAL FUNCTIONS.

SPONSORING MEMBER: \_\_\_\_\_

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR APPLICATION FEE OF \$100, TO YOUR SPONSORING MEMBER, OR ANY BOARD OF DIRECTORS MEMBER. THE APPLICATION FEES ARE REFUNDABLE IF YOU ARE NOT ACCEPTED FOR MEMBERSHIP. UPON CONSIDERATION OF THE BOARD AND GENERAL MEMBERSHIP, YOU WILL BE NOTIFIED OF YOUR STATUS WITHIN 7 DAYS OF THE MEMBER VOTE WHICH IS HELD AT THE GENERAL MEETING ON THE FIRST FRIDAY OF EACH MONTH (EXCLUDING HOLIDAYS). CURRENT QUARTERLY DUES OF \$160, WHICH COVER THE COST OF WEEKLY BREAKFAST, ARE DUE AT THE BEGINNING OF EACH CALENDAR QUARTER. CURRENT ANNUAL MEMBERSHIP DUES ARE \$100 AND ARE INVOICED IN JANUARY OF EACH YEAR, (DUES ARE SUBJECT TO CHANGE).

MEMBERSHIPS COMMENCING DURING A QUARTER WILL BE INVOICED BASED ON WEEKS REMAINING IN THE QUARTER.

SIGNATURE/DATE: \_\_\_\_\_ / / \_\_\_\_\_ CLASS: \_\_\_\_\_  
TO BE COMPLETED BY NETWORK REP

IF NOT PAID BY "BUSINESS" CHECK, WHY? \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE REC'D \_\_\_\_\_

# APPLICANT'S REPRESENTATIVES

NAME: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_  
MO DAY

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

SPOUSE/OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ (MEMBERSHIP IS THE BUSINESS, NOT THE INDIVIDUAL)

EDUCATION: \_\_\_\_\_

COMMUNITY ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_

ALTERNATE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_  
MO DAY

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

SPOUSE/OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

COMMUNITY ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_