



# Business Networking Group Application

Business Network Group Number \_\_\_\_\_

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Your Name \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Number of years with your company \_\_\_\_\_

Description of products or services \_\_\_\_\_

Missoula Area Chamber Business Network Group referrals are conditioned on your agreement to release and forever discharge the Missoula Area Chamber of Commerce and the Missoula Area Business Network Group from any and all liability, known or unknown, of any kind arising out of the referral, and any advice or information received in the course thereof. Your contacting any of the referrals will be considered an acknowledgment by you of your understanding and consent to this release and your agreement to its terms. Be advised you might be relinquishing legal rights by agreeing to this release.

I have read the Business Network Group (BNG) guidelines and the above waiver and agree to the terms of both.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of BNG Chair or Chamber Staff \_\_\_\_\_ Date \_\_\_\_\_

Annual BNG fee of \$75 is required at time of application approval. **Total Due: \$75**

Method of payment:

- Cash       Check (Number \_\_\_\_\_)       Send Invoice to Company  
 Credit Card (Visa, MasterCard, Amex)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

**CHAMBER USE ONLY:**      **Affiliation Code:** \_\_\_\_\_      **Billing Complete:**