



MEMBERSHIP APPLICATION

DATE _____

APPLYING AS PRIMARY MEMBER
 ALTERNATE MEMBER FOR _____ (current member)
 INDEPENDENT CONTRACTOR

COMPANY NAME _____
COMPANY ADDRESS _____ CITY _____ ZIP _____
FEDERAL EMPLOYER IDENTIFICATION NUMBER OR LAST FOUR DIGITS OF TAX ID # _____
NAME OF PROPOSED REPRESENTATIVE _____
TELEPHONE _____ FAX _____ CELL _____
EMAIL _____
REPRESENTATIVE TITLE _____ YEARS WITH COMPANY _____
YEARS IN YOUR CURRENT LINE OF WORK _____ BIRTHDAY Month _____ Day _____

JOB DESCRIPTION

FIRM STRUCTURE: Corporation _____ Partnership _____ Sole Proprietorship _____
Franchise _____ Home Office _____ Branch _____

TOTAL EMPLOYEES _____ FULL TIME _____ PART TIME _____
HOW LONG HAS YOUR COMPANY BEEN IN BUSINESS? _____ #OF LOCATIONS _____

DOES YOUR COMPANY DO BUSINESS UNDER OTHER NAMES? Yes _____ No _____
IF YES, WHAT NAMES? _____

BUSINESS CATEGORY APPLYING FOR _____
THIS CATEGORY REPRESENTS _____% OF MY FIRM'S TOTAL VOLUME (Must be 60% or more)

PLEASE LIST TWO PERSONAL REFERENCES FOR REPRESENTATIVE:

Name & Company _____
Telephone _____

Name & Company _____
Telephone _____

PLEASE LIST TWO CREDIT REFERENCES FOR YOUR COMPANY:

Name _____

Contact Person _____

Address _____

Telephone _____

Name _____

Contact Person _____

Address _____

Telephone _____

LIST ASSOCIATIONS, CLUBS AND ORGANIZATIONS YOU BELONG TO

Organization Name

Years of Mbrshp.

Organization Name

Years of Mbrshp.

Organization Name

Years of Mbrshp.

ARE YOU CURRENTLY A MEMBER IN ANY OTHER BUSINESS NETWORKING GROUP? If so please list:

WHY WOULD YOU LIKE TO BECOME A MEMBER OF BBN?

HOW WILL YOU GENERATE BUSINESS FOR MEMBERS OF BBN?

I am applying for membership with BBN. I understand that BBN may verify information contained herein. I hereby authorize BBN to request a Better Business report, check references and other conventional sources of credit information. I understand the obligations of membership in BBN including attending a new member orientation, attendance of 75% of networking meetings and timely payment of dues.

TERMS AND CONDITIONS: Each of the undersigned understands that all credit extended from the creditor shall be subject to the following conditions, and warrants that the preceding information is true and correct.

1. All invoices are to be paid within 30 days from the date of the invoice and are to be paid at the corporate office of the creditor.
2. That if legal action is necessary, the credit user agrees to pay court costs and attorney's fees as awarded by the Court.
3. The venue shall be in the county and court nearest to the credit grantor or its agent.
4. The credit user agrees to pay a finance fee of 18% per annum on the balances over 30 days.
5. In the event of assignment of an account to collections, the creditor is entitled to collection agency fees as specified: 25% for full service collections, 35% for attorney involvement/litigation and 50% for special handling: bankruptcy, closed businesses and skip tracing.

6. I/We hereby, personally and severally, grant a continuing guarantee to the credit grantor concerning any and all charges related to this account.

Signature of Proposed Member _____

Date _____

For BBN Use Only

Sponsoring Member _____ Member # _____

How long has sponsoring member known applicant? _____

Relationship to applicant Business Personal Both Relative

Notes