



Bristol County Business Connect

MEMBERSHIP APPLICATION

Name: _____

Sponsor Name: _____

Business: _____

Business Classification: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Cell: _____

Email: _____

Thank you for your interest in the Bristol County Business Connect. Please Note, all applications will be reviewed by the membership committee and/or current officers. You will be notified of the final decision of acceptance or non-acceptance as quickly as possible.

GENERAL QUESTIONS

Please list your profession, your field/occupation: _____

Please list your education/training in your field/profession. Include any degrees, licenses and/or credentials:

How long have you been with the company you are representing? _____

Are you able and willing to faithfully attend our meetings? _____

What are you hoping to get from, and give to, this group?

Name 5 occupations you would like to see in this group?

Name 5 occupations you deal with on a daily basis within your career?

Are you currently a member of another networking group(s)? If so, please list.

BUSINESS REFERENCES:

1. Name: _____ Position: _____

Business: _____ Phone/email: _____

Describe your business relationship: _____

2. Name: _____ Position: _____

Business: _____ Phone/email: _____

Describe your business relationship: _____

Note: Please feel free to attach a resume or brief biography for additional information.

Bristol County Business Connect Code of Ethics:

1. I will not have more than 2 consecutive unexcused absences or miss more than 25% of the scheduled meetings each quarter.
2. I will promote goodwill among members and their referrals.
3. I will provide excellence in goods and services to members and their referrals.
4. I will be honest in all of my dealings with members and their referrals.
5. I will be professional and responsive to members and their referrals.
6. I will uphold the ethical standards established by my profession.

Fees: A voluntary contribution is given the first quarter of each year. The amount consists of the total of the previous year's expenses divided by the number of members. (Last year the suggested contribution was \$13.)

Applicant's Signature: _____ Date: _____

By signing you agree to abide by the Bristol County Business Connect Code of Ethics and give a membership committee member the authority to contact the above mentioned business references and to verify the information you have provided within this application.

Thank you for taking the time to complete this application. We hope that we will be able to join together in developing a lasting, mutually beneficial business relationship.

Membership Committee/Officers Use Only:

Verified Information and References: YES _____ NO _____

Individual member completing the verification: _____ Date: _____

Comments: _____

ACCEPTED _____ DECLINED _____