

Roseville Granite Bay Business Network

LAST NAME	FIRST	BUSINESS NAME	BUSINESS PHONE
BUSINESS ADDRESS		CITY	STATE/PROV. ZIP CODE
AGE OF CO.	OCCUPATION	FRANCHISE OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS EMAIL		PERSONAL EMAIL	
<p>1. RECRUIT ONE (1) NEW MEMBER IN MY FIRST YEAR. 2. TIP A MEMBER AT LEAST TWICE A MONTH. 3. DISPLAY BROCHURES AT MY PLACE OF BUSINESS. 4. IF I OR MY ALTERNATE MISS (2) CONSECUTIVE UN-EXCUSED MEETINGS OR FOUR (4) MEETINGS IN A CALENDAR QUARTER, EXCUSED OR NOT, AND OR ARRIVE AFTER THE MEETING STARTS, OR LEAVE BEFORE IT ENDS, THIS SHALL COUNT AS AN EXCUSED ABSENCE FOR ATTENDANCE PURPOSES AND THE MEMBERSHIP WILL BE SUBJECT TO FORFEITURE.</p>			
<p>5. ALWAYS HAVE A FELLOW MEMBER SATISFY MY BUSINESS OR PERSONAL NEEDS WHENEVER POSSIBLE. 6. REPORT ANY BREACH OF ETHICS TO THE ETHICS COMMITTEE. 7. CONFORM TO RULES, PROCEDURES AND SUBSEQUENT CHANGES THAT MAY OCCUR. 8. I MAY NOT BELONG TO ANY OTHER LEADS OR BARTER ORGANIZATIONS.</p>			
BADGE NICKNAME OR FIRST NAME ONLY <small>(THIS NAME WILL APPEAR ON YOUR BADGE)</small>	CATEGORY (DENTIST, BANKER, ETC.)	IS THIS A COMPANY OWNED MEMBERSHIP?	YES <input type="checkbox"/> NO <input type="checkbox"/>
		NAME OF ALTERNATE _____	
<p>IMPORTANT: IF PAYING FOR A COMPANY OWNED MEMBERSHIP, PLEASE PAY BY COMPANY CHECK. ANY OTHER TYPE OF PAYMENT WILL BE CONSIDERED PERSONALLY OWNED.</p>			
DATE	SPONSOR NAME		
		APPLICANT'S SIGNATURE	
<p>Method of Payment: <input type="checkbox"/> Personal Check # _____ <input type="checkbox"/> Company Check # _____ AMOUNT \$ _____</p>			

MEMBERSHIP FEE IS NON-REFUNDABLE

Inspection **MUST** be made at place of business.
TO BE COMPLETED BY INSPECTOR

I WOULD BE INTERESTED IN SERVING ON THE FOLLOWING COMMITTEE:							
<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> BUSINESS MIXER	<input type="checkbox"/> SOCIAL MEDIA	<input type="checkbox"/> PROGRAM DIRECTOR	<input type="checkbox"/> OFFICER	<input type="checkbox"/> ETHICS	<input type="checkbox"/> INSPECTOR	<input type="checkbox"/> CONTACT CHAIR

1. Are you willing to support each member in this organization? _____
2. If membership is accepted you must be working full time in this position. Do you agree? _____
3. If I or my alternate miss two (2) consecutive un-excused meetings, or four (4) meetings in a calendar quarter, excused or not, membership is subject to termination. A member arriving late or leaving early at a meeting will not be tolerated, and for attendance purposes will count as an excused meeting for calendar quarter attendance. Do you agree to this rule? _____
4. If your membership is accepted, you cannot belong to a similar networking group, tip or barter organization. Does this pose a problem? _____
5. Do you agree to act and dress like a professional? _____
6. By applying for membership in this organization, you are asking its members to extend loyalty to you in the form of leads. Are you willing to make the same commitment to other members? _____
7. Article IV, Section 1(a) of the bylaws states that you are required to provide a minimum of 2 leads per month to any organization member. Are you willing to make this commitment? _____
8. Do you understand that your membership may be terminated because of lack of attendance or lack of leads given? _____
9. Who are you networking with at the present time that you could bring to a meeting? (need five names and telephone numbers of professionals)

Name	Name	Name	Name	Name
()	()	()	()	()
Area Code - telephone Number	Area Code - telephone Number	Area Code - telephone Number	Area Code - telephone Number	Area Code - telephone Number

10. Business License # _____ Dept of Consumer Affairs License # _____ Professional/Trade License # _____
11. What category would you like the membership to concentrate on that is not represented in the organization? _____

I understand this information will be used in voting on my application. I understand if I resign from The Roseville Granite Bay Business Network, or my membership is terminated by the Board of Directors, membership and renewal dues are non-refundable. I have read and discussed all the above statements and questions and agree to abide by them.

DATE

INSPECTOR'S SIGNATURE

SIGNATURE OF APPLICANT