Believers in Business

MEMBERSHIP APPLICATION

Applicant Information

Last Name

First Name

M.I.

Date

Street Address

Apartment / Unit #

City

State

ZIP Code

Email

Phone

Company Name

Professional Seat Applied For

Company Address

Business Experience

Experience in Profession

Years of Experience

Is this your primary occupation?

Professional Classifications / Degrees / Licenses

Professional References

Please list three professional references. Continue with Reference 3 on the reverse.

Reference 1

Full Name

Relationship

Company

Phone

Address

Reference 2

Full Name

Relationship

Company

Phone

Address

Believers in Business

MEMBERSHIP APPLICATION

Professional References (continued)

Reference 3

Full Name

Relationship

Company

Phone

Address

May we contact your professional references? ☐ Yes ☐ No

Membership Fees

Application Fee:	$25.00 (non-refundable)
Annual Membership Fee:	$200.00
Quarterly Dues:	$50.00

Total Enclosed

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

For Internal Use Only

Application Received by

Date

Fees Received by

Date

References Contacted by

Date

Membership Determination

Date

Notes