

BizNet Membership Application



Last Name	First Name	M.I.	Company Name/Employer
Company Address	City	State	Zip
Company Phone	Company Fax	Home Phone	E-mail Address
Age of Company	Industry	Your Occupation	
Category Being Applied For (i.e. Dentist, Plumber, etc.)		Your name as you want it to appear on your badge	
<p>By signing this application, I agree to:</p> <ul style="list-style-type: none"> • Recruit one (1) new member in my first year • Display BizNet brochures at my place of business • Attend BizNet meetings regularly. If I (or my alternate) miss two (2) consecutive unexcused meetings or three (3) meetings in a rolling quarter (excused or not), my membership may be subject to forfeiture • Always have a fellow member satisfy my business or personal needs whenever possible • Report any breach of ethics to the Ethics Committee • Conform to BizNet bylaws, rules, procedures and any subsequent changes 			
Applicant's Signature	Date	Sponsor Name	

<i>FOR INSPECTOR USE ONLY:</i>			
Are you working full-time in the position being applied for?	Yes	No	List the names and phone numbers of professionals you currently associate with that you could invite to a BizNet meeting:
Are you aware of the attendance requirements and	Yes	No	
Do you agree to act and dress as a	Yes	No	Name Phone
Do you agree to make a commitment to provide leads to other BizNet members whenever	Yes	No	Name Phone
Do you understand that the purpose of BizNet is the generation of leads for its members?	Yes	No	Name Phone
Do you understand that you are required to bring guests and encourage other members to join?	Yes	No	Name Phone
What category(ies) would you like the membership to concentrate on that are not currently represented in BizNet?	Name		Phone
	Name		Phone
Inspector's Name	Inspector's Signature		Date of Inspection