

Lincoln County Business Networking

MEMBERSHIP APPLICATION

Date: _____

Name: _____

e-mail address: _____

Business Name: _____

Business Phone: _____

Address: _____

Home Phone: _____

City: _____

Fax Number: _____

Sponsor's Name: _____

Please answer the following questions:

What is your experience in your current business?

What is your educational background in your business?

What degrees, licenses and credentials are required for your business?

Is your business full time or part time? _____

Can you bring referrals to this group? Please describe the sphere of your normal contacts.

Please provide business references:

Name: _____

Name: _____

Phone: _____ e-mail: _____

Phone: _____ e-mail: _____

Business _____

Business _____

Describe your business relationship:

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I hereby apply for membership in the Lincoln County Business Networking group. I have read the policies, and agree to abide by them. Particularly, I understand that regular, weekly attendance is very important to the group and for a benefit to my membership. I will adhere to the highest business ethics in dealing with my customers and clients, and with other members of the group.

Signature: _____