MEMBERSHIP APPLICATION



MISSION STATEMENT

TO GROW, EDUCATE, AND SUSTAIN A DEDICATED AND DIVERSE NETWORK OF PROFESSIONALS WHO GENERATE BUSINESS OPPORTUNITIES FOR EACH OTHER WITH THE GOAL OF BUSINESS GROWTH.

DATE:	
APPLICANT NAME:	
COMPANY NAME:	
APPLICANT EMAIL:	
APPLICANT PHONE:	
PROFESSION:	
SPECIALTY:	

PLEASE DESCRIBE THE PRODUCT OR SERVICE YOU PROVIDE:



PERSONAL OR BUSINESS REFERENCES:	
NAME:	
EMAIL:	
PHONE:	
RELATIONSHIP:	
NAME:	
EMAIL:	
PHONE:	
RELATIONSHIP:	
NAME:	
EMAIL:	
PHONE:	
RELATIONSHIP:	
SOCIAL MEDIA USERNAMES/HANDLES	
<u>o</u>	
	RIIQ



OTHER:____

HAS ANY PROFESSIONAL LICENSE OR CERTIFICATION OF YOURS EVER BEEN REVOKED? YES:
NO:
ARE YOU ABLE AND WILLING TO MAKE THE COMMITMENT TO ABIDE BY ALL REQUIREMENTS OUTLINED IN THE CURRENT B2B NETWORK'S MEMBER POLICIES, GUIDELINES AND CODE OF ETHICS?
YES:
NO:
ARE YOU A PART OF ANY OTHER NETWORKING ORGANIZATIONS? E.G. CHAMBER OF COMMERCE, SERVICE CLUB/S, SPORTS CLUB/S, ROTARY CLUB, BNI ? YES:
NO:
IF YES, PLEASE LIST:
ARE YOU PREPARED TO INVITE PEOPLE FROM YOUR PROFESSIONAL AND SOCIAL NETWORKS TO B2B NETWORK? YES:
NO:
DO YOU BELONG TO OTHER REFERRAL NETWORKING GROUPS? YES:
NO:
IF YES, PLEASE LIST:
EVERY MEMBER IS ENCOURAGED TO PARTICIPATE IN A COMMITTEE. PLEASE RANK YOUR COMMITTEE ASSIGNMENT PREFERENCE FROM 1 (MOST DESIRED) TO 3 (LEASE DESIRED).
Events Committee Marketing Technology Committee Director Chair (Membership) Committee BUSINESS BUSINESS

Business2BusinessNetwork.com

PARTICIPATION FEES

APPLICATION

FEES: FEE: TAXES: TOTAL:

RENEWING MEMBER: \$350 \$0 \$0 \$350

NEW MEMBER: \$350 \$100 \$0 \$450



Applicant's Statement

I AFFIRM AND CERTIFY THAT ALL THE INFORMATION AND ANSWERS TO QUESTIONS HEREIN ARE COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR OMISSION OF ANY FACTS CALLED FOR IN THE APPLICATION MAY RENDER THIS APPLICATION VOID AND WILL BE CAUSE FOR TERMINATION, WHENEVER DISCOVERED.

I AUTHORIZE B2B NETWORK TO CONDUCT ANY INVESTIGATION IT DEEMS APPROPRIATE CONCERNING MY APPLICATION. I HEREBY AUTHORIZE AND REQUEST FORMER EMPLOYERS AND PERSONAL REFERENCES TO DISCLOSE EMPLOYMENT AND ANY OTHER INFORMATION THAT MAY BE SOUGHT IN CONNECTION WITH THIS APPLICATION. I HEREBY RELEASE ALL OF THE ABOVE MENTIONED FROM ALL LIABILITY IN CONNECTION WITH THOSE DISCLOSURES.

I FURTHER AUTHORIZE B2B NETWORK TO DISCLOSE TO OTHERS ANY INFORMATION IT MAY HAVE CONCERNING MY EMPLOYMENT, CHARACTER, AND QUALIFICATIONS, INCLUDING INFORMATION GAINED FROM THIS APPLICATION AND THE INVESTIGATION OF THIS APPLICATION. I HEREIN RELEASE THE COMPANIES FROM ALL LIABILITY IN CONNECTION WITH THOSE DISCLOSURES.

IF ACCEPTED, I AGREE TO ACQUAINT MYSELF WITH AND TO ABIDE BY ALL RULES, REGULATIONS, POLICIES, CODE OF ETHICS, AND PROCEDURES OF B2B NETWORK. I ACKNOWLEDGE AND AGREE THAT B2B NETWORK HAS THE ABSOLUTE UNFETTERED RIGHT TO CHANGE ITS RULES, REGULATIONS, INSTRUCTIONS, POLICIES, CODE OF ETHICS, PROCEDURES, PRACTICES, OR BENEFITS UNILATERALLY, AT ANY TIME, WITHOUT PRIOR NOTICE.

I HAVE READ THE ABOVE STATEMENTS, I UNDERSTAND THEM, AND I AGREE TO THEM. I UNDERSTAND AND AGREE THAT ALL THESE TERMS ARE REASONABLE, FAIR, AND ACCEPTABLE TO ME. I HAVE NOT BEEN COERCED, THREATENED, OR INTIMIDATED INTO SIGNING THIS STATEMENT; INSTEAD, IT IS OF MY OWN FREE WILL.

NAME OF APPLICANT:	_	
APPLICANT'S SIGNATURE:		
DATE:		

