SUNCOAST BUSINESS MASTERS
MEMBERSHIP APPLICATION

A PROFESSIONAL REFERRAL AND COMMUNITY SERVICE ORGANIZATION FACILITATING
THE EXCHANGE OF BUSINESS LEADS AND IMPLEMENTING COMMUNITY SERVICE INITIATIVES.

Creed: Businesses dedicated to 100% Customer Satisfaction.

Mission Statement: Dedicated to referring Suncoast Business Masters to everyone we meet, with the hope of prospering all members and thereby receiving new business ourselves.

Members will at all times maintain the highest level of professional integrity.

Each business classification is represented by only one member and conflicts of interest are resolved by the Board of Directors.

PLEASE PRINT *LEGIBLY*

Member Name _____

Company Name _____

Billing Address_____

City _____ **State** _____ **Zip** _____

Mailing Address _____
(If different from billing address)

City _____ **State** _____ **Zip** _____

Type of Business _____

Description of your Business _____

_____

Date of Birth: Month:_____ **Day:** _____

Telephone / Fax / E-mail

Business (____)_____

Home (____)_____

Mobile (____)_____

Fax (____)_____

Website _____

E-mail _____

 # Years in Business _____

Sponsor's Name _____

Business Classification _____

Spouse's Name: _____

APPLICATION PROCESS

1. A prospective member must have a Sponsor and may attend one meeting, without charge, as a prospective member.
2. The Board will review the application submitted by the Membership Committee. If eligible for membership, the Board will notify the applicant.
3. The prospective member will pay a one-time $50 membership fee, delivered with the completed application.
4. Dues will be billed monthly after the applicant is approved, at $60 per month.

Applicant Signature_____ **Date** _____

CLUB USE ONLY

Club Officer Signature_____ Title _____ Date _____

Type: ( ) New Member Classification: ( ) Active

OVER, PLEASE…

BUSINESS REFERENCES

Name _____ Position _____

Business _____ Phone _____

Business
Address_____

Relationship (describe)_____
_____

Name _____ Position _____

Business _____ Phone _____

Business
Address_____

PLEASE CIRCLE "YES" or "NO"

1. Will you abide by the Creed of the Suncoast Business Masters? Y N
2. Will you attend meetings regularly? Y N
3. Will you pay your dues promptly? Y N
4. Will you participate actively as a member? Y N
5. Please list any special skill or talents that will benefit Suncoast Business Masters:
   _____
   _____
   _____

FOR USE ON YOUR "WELCOME NEW SBM MEMBER" POST:

Please describe your business in one or two sentences:

_____

_____

I, _____ (please initial), have read the current SBM by-laws, and will abide by them.

MEMBERSHIP COMMITTEE USE ONLY

Announced to Members by_____ Date _____

Membership Objections _____

☐ Recommend to Board for voting: _____ Date _____

Board Action: ☐ Accept ☐ Decline Date _____

Deliver completed form to your sponsoring SBM member, or email to club secretary:
Linda Biro at: lbiro@360painting.com