

**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 _____	Business	Telephone / Fax / E-mail () _____
Company Name _____	Home	() _____
Billing Address _____	Mobile	() _____
City _____ State _____ Zip _____	Fax	() _____
Mailing Address _____ (If different from billing address)	Website	_____
City _____ State _____ Zip _____	E-mail	_____
Type of Business _____	# Years in Business	_____
Description of your Business _____ _____	Sponsor's Name	_____
	Business Classification	_____
Date of Birth: Month: _____ Day: _____	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** _____

BUSINESS REFERENCES

Name _____ Position _____

Business _____ Phone _____

Business Address _____

Relationship (describe) _____

Name _____ Position _____

Business _____ Phone _____

Business Address _____

Relationship (describe) _____

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:
Sue Fogarty at: susanfogarty@gmail.com**

Suncoast Business Masters

WEBSITE Membership Information

Please complete the following information and return with your completed new membership application.
You may hand write your info in and turn it in at a meeting, or email to Sue Fogarty: susancfogarty@gmail.com

We will also need a photo to accompany your info on the website. Joanne will take one at one of the weekly meetings.

For examples of what other members wrote, visit our website: www.suncoastbusinessmasters.com

SBM Member Name:

Company Name:

Services Offered:

Why I Joined SBM:

Phone:

Email:

Website: