

# MEMBERSHIP APPLICATION FORM

## CONFIDENTIAL

### DETAILS

First Name

Family Name

Business Name

Physical Address of your Business

Mobile Phone Number

Main Business Number

Your Email Address

Year Business Started

Annual Sales

Type of Business

Number of Owners

Number of Employees

Number of Locations

Today's Date

### FOCUS INFORMATION

Main areas you want to focus on over the next 12 months:

Sales  Profits  Cash Flow  Systems  Expansion  Team

Main challenge you or your business needs to overcome:

Main opportunity you or your business should be taking advantage of:

### MEMBERSHIP APPLICATION STATUS

Select your desire to become an elite member.

Yes - Get me started  Yes - I want to find out more  Undecided - let's talk