

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