

MEMBERSHIP APPLICATION

Name: _____

Company: _____

Address: _____

Phone/Work: _____ PREFERRED Phone/Cell: _____ PREFERRED

Membership Category (e.g., real estate, signs): _____

Referred By: _____

Description of your business: _____

_____ Length of time in business: _____

Why are you interested in joining SBBI?: _____

What contributions will your membership bring to SBBI?: _____

What groups (e.g., civic, business, networking, etc.) have you or so still belong to?:

Name: _____ STILL A MEMBER Name: _____ STILL A MEMBERName: _____ STILL A MEMBER Name: _____ STILL A MEMBER

What benefits do/did you receive from being a member of the groups?: _____

Are you willing to commit yourself to becoming an active member of SBBI through attendance, participation and referrals? : YES NO