

# **SUPERSTITION BUSINESS NETWORK**

## **Membership Application**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Age of Company \_\_\_\_\_ Branches \_\_\_\_\_

Product and/or Services \_\_\_\_\_

Occupation of Applicant \_\_\_\_\_

Name/Nickname (for Badge) \_\_\_\_\_

Category (Dentist, Photographer, etc) \_\_\_\_\_

Is this a company-owned membership  Yes  No

Date \_\_\_\_\_ Sponsor \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

### **TO BE COMPLETED BY INSPECTOR(S)**

1. Are you willing to support each of the SBN members?
2. Are you familiar with attendance requirements?
3. Why do you want to be a member of Superstition Business Network?
4. Are you willing to support members with leads to their business in exchange for leads to your business?
5. Are you willing to commit to a minimum of 2 leads per month?
6. Are you aware that non-attendance will cause termination of membership?
7. Are you willing to invite guests to meetings and encourage them to join?

I understand that if I quit the SBN, Inc., or if my membership is terminated by the Board of Directors, that membership/renewal dues are non-refundable.

I have read and discussed all of the above statements and questions and accept them.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Inspector Signature \_\_\_\_\_