



MEMBERSHIP APPLICATION

Applicant's Name _____ Date _____

Business Name _____ Bus. Phone _____

Business Address _____ Bus. Fax _____

City, State, Zip _____ Home Phone _____

Date of Birth: (Month/Day) _____ Cell Phone _____

Website _____ E-Mail _____

Describe your product or service (*be specific*):

Sponsored by (*if applicable*) _____

MEMBERSHIP FEES REGISTRATION & FIRST MONTH DUES \$35.00

***MONTHLY DUES ARE PAYABLE AT THE FIRST MEETING OF THE MONTH.
DUES AND FEES ARE REFUNDABLE ONLY IF BUSINESS IS NOT QUALIFIED.***

APPLICANT INFORMATION

Please answer the following Questions regarding your business:

1. What occupation category are you submitting for membership? _____

2. Length of time in this occupation? _____

3. Self-employed? Yes ___ No ___ How long? _____

If not self-employed, how long with present employer? _____

4. Will you **commit** to a weekly attendance from **7:30 am to 8:30 am**? Yes ___ No ___

5. What do you expect to get from your membership in the group? _____

5. Is there an alternate person to represent you in the event you cannot attend? Yes ___ No ___

If yes, name of alternate person _____

Return application with check made payable to The Business Connection of Brea, for \$35.00. Submit both to our Treasurer.