

EMERALD Business Partners

MEMBERSHIP APPLICATION

If you would like to be considered for membership in the Emerald Business Partners (EBP), please complete the application below.

Your Name:		Business Type/Occupation:	
Business Name:	City:	State:	Zip:
Email Address/Website:		Business Phone:	
Home/Cell Phone:		Fax:	
Describe the services and/or products you would like to represent in the EBP.			
Sponsor:			
Educational Background — Degree(s), License(s) and/or Credentials related to your field:			
Please tell us about the experience you have in your field.			
Are you able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the entire meeting?	Is there an individual in your company who would be willing and able to attend meetings on your behalf, should you be unable to attend?	Do you belong to other networking organizations? If so, please list:	
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Do you carry business liability insurance?	Have you ever been convicted of a felony?		
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
Business References with Phone Numbers:			
Your Signature:		Date:	

Annual Fee: \$150.00. You may submit this non-refundable fee after we have approved you for membership.