

MANSFIELD BUSINESS CONNECTIONS

REFERRALS GENERATE BUSINESS

Application For Membership

Contact Information			
Date:		E-Mail:	
Applicants Name:		Office Phone:	
Business Name:		Cell Phone:	
Business Address:		Fax:	
City:	State:	Zip:	Invited By:
General Questions			
Business Description:			
Describe your experience in this field:			
Educational Background (include degrees, licenses, special training):			
How long have you been in business, and employed with your company?			
Are you willing to attend weekly meeting and stay throughout the 90 minutes?			
Do you have someone that can attend the meeting on your behalf if you are not able to attend?			
What is your ability to bring referrals and visitors?			
Do you belong or have in the past to any other networking organization?			
References			
Please list three business references that the membership committee can call.			
Name:		Position:	
Company Name:		Phone:	
Name:		Position:	
Company Name:		Phone:	
Name:		Position:	
Company Name:		Phone:	

President: _____

Membership Chairman: _____