

Name: \_\_\_\_\_

1<sup>st</sup> Representative: \_\_\_\_\_

2nd Representative \_\_\_\_\_

Field/ Industry Category: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

**Section II (Please Read Carefully)**

1. A prospective member may attend no less than one and no more than two meetings as a visitor. Prospective members may then complete this application and submit it with a check in the amount of \$140 to P.O. Box 3571, Fredericksburg, VA 22402.
2. The Membership Committee will announce the application to the Membership at the next weekly meeting. The membership will then have the opportunity to address the Membership Committee of any comments or concerns regarding the applicant.
3. The Membership Committee will come to the following weekly meeting with a recommendation to the membership to either accept or decline the application. A vote of the Membership Committee's recommendation is then taken at this meeting
4. The Membership Committee will then notify the Applicant of acceptance or rejection of the application.

**Section III (Please Complete)**

1. Experience in Field/Occupation (be specific):

\_\_\_\_\_

\_\_\_\_\_

2. Educational background in field/occupation or degrees or Licenses or credentials required to perform in field/ Occupation. (Please attach copies of required credentials).

\_\_\_\_\_

\_\_\_\_\_

3. BXG Sponsor: \_\_\_\_\_

**Section IV**

1. Is the business under which you are applying for membership a full or part-time business? \_\_\_\_\_
2. How long have you been with the business you are representing today? \_\_\_\_\_
3. Is your business willing and able to make the commitment to have a person at our weekly meeting no later than 7:30 AM and stay until 8:30 AM, and is your business willing to abide by The Group rules and procedures? \_\_\_\_\_
4. Is there at least one employee at your business who would be willing to attend the meeting on your behalf should you be unable to attend? \_\_\_\_\_
5. What does your business expect to contribute to The group? \_\_\_\_\_
6. What is your business ability to bring qualified leads or referrals? \_\_\_\_\_
7. Does your business belong to other networking organizations? \_\_\_\_\_ If so, Please list: \_\_\_\_\_
8. Is your business currently covered by liability or any other type of insurance? \_\_\_\_\_
9. What was the first day on which you did business under the present company name? \_\_\_\_\_
10. If it is a corporation, when was it incorporated? \_\_\_\_\_
11. Is your business currently recognized by a county agency? \_\_\_\_\_
12. Have you or your business ever filed for bankruptcy? \_\_\_\_\_

If so, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business References:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Relationship (*describe*): \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Relationship (*describe*): \_\_\_\_\_

\_\_\_\_\_

**Section V - Membership Committee Use Only**

Verified Information and References:  Yes  No

Member: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Recommendations to President**

Accept  Reject

If declined, was there conflict with the business description of an existing member? \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_