

I, _____, hereby grant permission to the Fredericksburg Area Business Exchange Group and its representatives, to undertake a credit check or other verification of the foregoing information. I understand that information will be held in strictest confidence and that the delivery of the form does not cause either party to incur any obligations.

I understand that The Fredericksburg Area Business Exchange Group is relying upon the information contained herein to determine whether I am qualified for membership, and that all of the representation contained herein are true.

Date: _____

Signature of Applicant: _____

Title: _____

**UPON ACCEPTANCE TO THE
FREDERICKSBURG AREA BUSINESS
EXCHANGE GROUP DUES AND FEES
ARE NON-REFUNDABLE**

**Fredericksburg Area
Business Exchange Group**

P.O. Box 3571
Fredericksburg, VA 22402

Applications **MUST** be mailed to the P.O.
Box above to be considered.

**The Fredericksburg Area
Business Exchange Group
Code of Ethics:**

Upon acceptance to the Fredericksburg Area Business Exchange Group, I agree to abide by the following Code of Ethics during my tenure of my participation in the organization:

1. I will provide the quality of services at the prices that I have quoted.
2. I will be truthful with the members and their referrals.
3. I will build goodwill and trust among the members and their referrals.
4. I will take responsibility for following up on the leads that I receive.
5. I will live up to the ethical standards of my profession.

Check us out on the web.

FREDERICKSBURGBXG.ORG

**THE
FREDERICKSBURG
AREA BUSINESS
EXCHANGE
GROUP**



**MEMBERSHIP
APPLICATION**