Applicant's Name: _____   Business Phone:_____

Business Name:_____   Cell Phone:_____

Business Address:_____   Fax:_____

City:_____   State:_____   Zip:_____

Sponsor's Name (invited by):_____

State nature of business:_____

Describe scope of business:_____

_____

_____

_____

_____

Select one: Sole Proprietor   Partnership   Corporation   Other

Do you have employees in your office?   Yes   No   If, so, how many?

Do you have independent contractors performing   Yes   No   If so, how many?
work for your business?

If you have independent contractors performing duties for your office, what are their job titles and duties?

Job Title:	Duties:
_____	_____
_____	_____
_____	_____

Experience in Field/Occupation: (how long?)   Full time   Part time

How long have you been in business or with this company? _____

List any Professional Licenses or Certifications that you hold:

_____

_____

_____

Are you able and willing to make the commitment to attend Member Success Program Training, arrive at bi-weekly meetings on time and stay the duration of the 60 minute meetings?	Yes No
Is there someone who could attend meetings on your behalf, if you should be unable to attend?	Yes No
Are you willing to make referrals to other member businesses?	Yes No
Do you belong to other networking organizations or have you belonged to other referral groups in the past?	Yes No

Give two business references: (Name, Business, Position, Phone Number)

Name	Business	Position	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature: _____   Date: _____

Membership Committee Use Only: Accept: _____   Decline: _____

Acceptance date: _____

CBRG AGREEMENT

Upon acceptance to the Capital Business Referral Group, I agree to comply with the group's Code of Ethics:

1. I will provide the quality of services at the prices I have quoted.

2. I will be truthful with the members and their referrals.

3. I will build goodwill and trust among members and their referrals.

4. I will take responsibility for following up on the referrals I receive.

5. I will display a positive and supportive attitude with the members of my chapter.

6. I will live up to the ethical standards of my profession. Professional standards outlined in a formal code of conduct for any profession supersede the above standards.

Signature: _____

Date: _____