

Business Networking with Locals of SWFL

● Applicant Information

Name (Preferred name): _____

Business Name: _____

Position/ Title: _____

Industry/ Specialty: _____

Years in Profession: _____

Years with Current Company: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Website: _____

Licenses Held: _____

● Business Profile

Briefly describe your products or services:

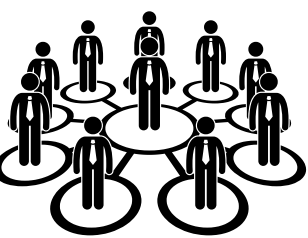
What distinguishes your business from others in your field:

What Geographic area do you serve:

● Membership Commitment

- Attend scheduled meeting
(3 absences in a rolling 6 months - substitutes always allowed)
- Provide and seek qualified referrals (at least 1 per week)
- Uphold integrity and ethical business practices
- Follow all guidelines as outlined by group leadership
- Have a positive attitude

Initials: _____



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● Business References (No Family or Friends)

1. Name : _____

Relationship: _____

Phone/ Email: _____

2. Name : _____

Relationship: _____

Phone/ Email: _____

3. Name : _____

Relationship: _____

Phone/ Email: _____

● Additional Information

Have you ever been a member of a networking or leads group before? If yes, which groups?

What are your goals for joining this group?

How did you hear about this group?

● Signature and Date

Signature:

Date:
