Business Builders Alliance, Inc.

MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

YOUR NAME: _____

BUSINESS OR ENTERPRISE NAME: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WEBSITE: _____

BUSINESS/INDUSTRY CLASSIFICATION: MAJOR: _____ MINOR:_____

TELEPHONE NUMBERS: OFFICE: _____ CELL: : _____

EMAIL ADDRESS: _____

REFERENCES

PLEASE PROVIDE CONTACT INFORMATION FOR THREE BUSINESS REFERENCES (MAY INCLUDE A CURRENT MEMBER/SPONSOR FROM GROUP)

REFERENCE ONE

NAME: _____ COMPANY: _____

PHONE NUMBER: _____ EMAIL: _____

HOW DO YOU KNOW THIS REFERENCE? _____

REFERENCE TWO

NAME: _____ COMPANY: _____

PHONE NUMBER: _____ EMAIL: _____

HOW DO YOU KNOW THIS REFERENCE? _____

REFERENCE THREE

NAME: _____ COMPANY: _____

PHONE NUMBER: _____ EMAIL: _____

HOW DO YOU KNOW THIS REFERENCE? _____

EDUCATION & CERTIFICATION

LENGTH OF TIME IN INDUSTRY IN THE CATEGORY THAT YOU PLAN TO REPRESENT: _____

HAVE YOU OR ANY OTHER DESIGNATED REPRESENTATIVES OF YOUR BUSINESS HAD YOUR LICENSE REVOKED OR SUSPENDED? ☐ YES ☐ NO

IS THERE A REGULATING BODY IN YOUR PROFESSION, AND IF SO, PLEASE STATE NAME OF AGENCY?

☐ YES, AGENCY NAME: _____

☐ NO

Applicant acknowledges that Business Builders Alliance, Inc., will conduct a background check of applicant, as well as contact the references applicant has provided. Business Builders Alliance, Inc., may also contact professional regulating body of the applicant.

SIGNED: _____ PRINTED: _____ DATE: _____

MEMBERSHIP DETAILS

APPLICATION FEE: (NON-REFUNDABLE): $50.00 • MEMBERSHIP FEE: $100.00/ YEAR • BREAKFAST FEE: $16.00/BREAKFAST

FEES AND DUES ARE SUBJECT TO CHANGE

MAKE CHECKS PAYABLE TO: BUSINESS BUILDERS ALLIANCE, INC.