

SHORE PROFESSIONAL BUSINESS ASSOCIATION

Membership Application

Date : _____

Personal Data

Applicant's Name : _____

Home Address : _____

Home Telephone : _____

SSN (Optional) : _____

Nearest Relative : _____

Telephone : _____

Business Data

Business Name : _____

Business Address : _____

Business Telephone : _____

FAX : _____

E-Mail : _____

Web Site : _____

Cell : _____

Secondary Business Address : _____

Nature of Business : _____

Business Endeavor Accounting
for minimally 75% of revenue : _____

Business Endeavor Accounting
for remainder of revenue : _____

Type of Business Ownership : Corp. _____; Partnership _____; Sole Proprietorship _____

Years in Business : _____; Your Title : _____

Your Sponsor : _____

Three (3) Business Recommendations:

Person : _____

Company Name : _____

Position in Company : _____

No. Years @ Company : _____

Address of Company : _____

Telephone No. for Contact : _____

No. of Years Acquainted : _____

Three (3) Business Recommendations:

Person : _____

Company Name : _____

Position in Company : _____

No. Years @ Company : _____

Address of Company : _____

Telephone No. for Contact : _____

No. of Years Acquainted : _____

Three (3) Business Recommendations:

Person : _____

Company Name : _____

Position in Company : _____

No. Years @ Company : _____

Address of Company : _____

Telephone No. for Contact : _____

No. of Years Acquainted : _____

APPLICANT'S AGREEMENT WITH SPBA DOCTRINE & CONSTITUTION & BY-LAWS

I agree with the philosophy, doctrine and constitution and by-laws of the SHORE PROFESSIONAL BUSINESS ASSOCIATION and shall be provided a copy of the Constitution and By-Laws, if I choose to request same.

I provide outstanding competence, integrity and enthusiasm in my field of endeavor; and, as a lady and / or gentlemen. I endorse the cooperative business philosophy of SPBA and recognize same as a condition of membership acceptance and continued membership.

I understand and accept the decision of the SPBA Board of Directors with regard to my application acceptance or denial; and, agree to permit a credit report to be obtained on myself and my company.

I pledge to 1) attend regular scheduled membership meetings; 2) purchase services and / or products of other SPBA members whenever feasible; 3) recommend the services and products of other SPBA members when I am confident it is in the best interest of the individual relying upon my endorsement; 4) counsel other SPBA members when my expertise is appropriate but not to violate any ethical or professional responsibility in so doing; and, advise in advance a member when a fee for my expertise is appropriate; 5) seek other professionally competent and recognized business entrepreneurs for membership to the SPBA.

I understand and agree that I am subject to expulsion, if in the opinion of the Board of Directors, I have violated any of the by-laws or the constitution of the association or have violated the public trust in any way which would bring discredit on the SPBA and its membership (not limited to acts of immorality, unprofessional conduct and / or any illegal activity so determined by a court of law).

My signature affixed hereto is intended as my acceptance to pay the application fee of \$175; and, that, if accepted as a member, I shall immediately upon demand pay any other assessment and / or charges and debts due the SPBA, which may have been incurred. I understand that my membership begins only upon full payment of all obligations, as determined by the Treasurer. I also consent for any and all credit information contained in any data banks to be released via request of the Treasurer and / or the Board of Directors of the SPBA upon written request.

Date: _____

Applicant : _____

Sponsor : _____