

MARYSVILLE BUSINESS CONNECTIONS MEMBERSHIP APPLICATION

Contact Information

Company Name: _____

Name: First _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Website: _____

MBC Category: _____

Sponsor Information: _____

___ I have included a check totaling \$100 which includes the \$50 application fee plus \$50 for the first quarter's dues.

Check # _____ Amount: _____

___ I understand that quarterly dues will be \$50.00 per quarter due on January 1st, April 1st, July 1st, and October 1st. If paid after the 1st, a \$10 late fee will be assessed.

MBC Application Agreement

___ I agree to act and dress like a business professional.

___ I agree to support each member of MBC and will strive to satisfy their business/individual needs.

___ I agree to invite guests to meetings and to help grow membership in MBC.

___ I agree to maintain a current license, accreditation and insurance deemed necessary to work in my MBC Categories.

___ I agree that my membership may be terminated because of a breach of ethics.

___ I work full time in my official MBC Categories.

___ I understand I cannot belong to similar lead referral groups, tip or barter organizations.

___ I will conform to MBC Bylaws, Rules and Procedures and any subsequent changes that occur.

___ I understand the information on this application will be used by MBC when voting on my membership.

___ I have not been convicted of, pled guilty to, or am currently charged with any felony or serious misdemeanor involving violence, fraud, theft, or dishonesty.

I have read and understand all of the above statements. I understand and agree that my dues are non-refundable if I resign or am terminated.

Signature _____ Date _____