

Payment Rec'd: \$ _____ Date _____ to _____ Fee Renewal Date: _____

Women's Men's Co-Ed

Reference 1 _____ Phone _____

President's Approval _____ Date _____

Reference 2 _____ Phone _____

MEMBERSHIP AGREEMENT



Existing Member in Related Category _____ Date _____
(Approving Business Description Below)

I AGREE TO COMPLY WITH THE FOLLOWING:

Sponsoring Members Signature _____ Date _____

1. Partake in two 30-second commercials weekly and a minimum of four 10-minute commercials during the year. Provide business cards for the members and the business card box. Generate quality referrals for the other members. Adhere to all policies in the Member Handbook.
2. Attendance Policy: No more than 12 absences in a 12-month period. (Pro-rated as 1 absence per month based on joining month)
3. **Forfeiture of membership: Violations of attendance policy, delinquent fees (delinquency occurs at end of second meeting of the month); Representing or promoting anything other than the business listed on this Agreement during weekly programs; Participating in additional Non-Compete or Exclusive Groups who generate referrals for one another. Unethical business practices. Sharing or use of B2B proprietary materials & program methods with non-members for purposes other than B2B.**
4. Completion of this agreement does not guarantee acceptance. B2B reserves the right to revoke this agreement at any time member's actions are deemed detrimental to the group's ability to exchange and generate quality referrals, or adversely affect the dynamics of the group's ability to function.
5. All fees are non-refundable. Membership may be transferred one time, based on approval of Executive Team & B2B representative. To be considered for a transfer, existing member must be in good standing; potential members category must be open & not in competition for existing members.

Signature _____ Date _____
Please complete the following. This information will be kept confidential between B2B's Executive Team and the Regional Office.

--- PLEASE PRINT CLEARLY ---

		Is your business a: <input type="checkbox"/> Sole Proprietorship
		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
		<input type="checkbox"/> Non Profit Corporation
Business Category	City	What is your position: <input type="checkbox"/> Owner <input type="checkbox"/> Partner
		<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Manager <input type="checkbox"/> Sales
		<input type="checkbox"/> Independent Distributor
Member Name	Phone	Do you work this business full time? <input type="checkbox"/> Y <input type="checkbox"/> N
		How long have you been in business? _____
Business Name	Birthday Month/Day	Do you currently have a membership or attend any of the following? (Check all that apply)
		<input type="checkbox"/> BNI <input type="checkbox"/> SWAT <input type="checkbox"/> Chamber <input type="checkbox"/> SCAN
		<input type="checkbox"/> Better Business Bureau <input type="checkbox"/> LWR Alliance
		<input type="checkbox"/> Other _____ <input type="checkbox"/> None
Mailing Address	Home <input type="checkbox"/> Business <input type="checkbox"/>	Are you currently connected with any other Businesses? (Are you an Ind Dist, Co-owner, Silent Partner, etc?) Yes <input type="checkbox"/> No <input type="checkbox"/>
City	State	Zip
Email		
Website		

Briefly Describe the products & services you will market to members of this group: (Use back if more space is needed)

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