



Membership Application

Prospective LBN members must submit a completed application to the Local Chapter Membership Committee for consideration. Applications must be accompanied by payment. If accepted, fees are non-refundable. Applicants will be notified of acceptance or rejection as soon as possible.

Chapter Applying to Join _____
County of Chapter _____

PERSONAL INFORMATION

Applicant's Name (Last, First, Middle) _____

Business Name _____

Business Address _____
STREET CITY STATE ZIP

E-mail Address _____

Web Site Address _____

Business Phone (____) ____ - ____ ext. ____ Fax (____) ____ - ____

Cell (____) ____ - ____ I grant permission to share my cell number with LBN members Yes No

Description of Business Type Including Major Products and Services:

EDUCATION, DEGREES, LICENSES, MILITARY SERVICE, CREDENTIALS

Educ: Total Yrs ____ HS Diploma Assoc. Undergrad. Grad. Doc.

Licenses currently held: _____

Military Service: Branch of Service ____ Years ____ Highest Rank Attained ____

Special Credentials/ Other: _____

Experience in Occupation: _____

Note: You may attach a resume or other biographical information.

WILLINGNESS TO PARTICIPATE

LBN Members are expected to attend meetings and can lose their membership for excessive absenteeism.

Are you able and willing to make a commitment to attend our meetings twice a month? _____

If unable to attend, are there others in the firm you represent who will be able to attend in your place? _____

If no one is available to represent you, will you use our list of substitutes to find a replacement? _____

LBN members are expected to bring referrals for fellow members and are trained in doing so.

Are you willing to make a conscientious effort to bring referrals for fellow members? _____

LBN members are expected to help build their chapter by inviting guests to the chapter meetings.

Are you willing to make a conscientious effort to invite guests to your local chapter meetings? _____

Do you belong to any networking organizations with which there may be a conflict? If so, please list. _____

LOCAL BUSINESS NETWORK APPLICATION CONTINUED

REFERENCES

Sponsor's Name _____

Business References (Business acquaintances who can vouch for your integrity)

Name: _____ Position _____

Business Name _____ Phone () - _____

Business Relationship _____

Name: _____ Position _____

Business Name _____ Phone () - _____

Business Relationship _____

NEW MEMBER PLEDGE

If accepted to LBN, I agree to the LBN Policies and Procedures and the following code of conduct:

1. To attend meetings regularly and send a substitute when I cannot attend.
2. To learn about the products and services provided by fellow members and to promote fellow members by generating referrals.
3. To support the development of my local chapter by inviting prospective members to visit.
4. To promptly follow up each referral and to treat all those referred with professional courtesy.
5. To honor all commitments made to fellow members and to maintain high ethical standards in my conduct.
6. To support inter-chapter activities whenever possible and promote goodwill and understanding among chapter members and between chapters.

RESPONSIBILITY FOR DUE DILIGENCE

By signing below, I acknowledge and agree that I am aware that it is my responsibility to exercise due diligence in dealings with LBN members and that LBN cannot and does not legally endorse, warrant or guarantee the products or services offered by any of its members. I also waive and release LBN and each of its officers, managers, owners, representatives, agents, successors or assigns of any liability, claims or causes of action arising out of the actions or inactions of other LBN members causing harm or loss to me.

**APPLICANT
SIGNATURE** _____

DATE _____

Application may be submitted to your local chapter or may be mailed to LBN, 5446 Bristol Parke Drive, Clarkston, MI 48348 or FAXED to 248-620-6321. **Application must be accompanied by payment of \$260 (\$50 application fee + \$210 for 6 month's dues*)**. No applicant will be accepted until payment has been made. **Please choose one of the following payment options:**

Check enclosed (made out to LBN)

Credit Card (call LBN office at 248-620-6320)

*If you are a member of one of our Associate Member organizations, you may be eligible for a discount, which must be claimed when you apply for membership. For a list of LBN's Associate Members and the discounts we offer their members, go to: www.locbusnet.com. Please provide the name of the organization to which you belong:

This discount must be claimed at time of application.

FOR MEMBERSHIP COMMITTEE USE ONLY

VERIFICATIONS: Employment _____ Licenses _____ References _____

RECOMMENDATION: Committee Member Accept* Decline Signature

1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

*Approved Core Business Category: _____

A list of Business Categories can be found in the 'DOCS' section of the intranet site.

COMMENTS _____

CHAPTER _____

MEMBER ID _____

LBN Phone: (248) 620-6320 - E-mail: cgifford@locbusnet.com - Website: www.locbusnet.com