



Membership ID:

## Membership Application

### Application Process (Please read carefully)

1. A prospective new member may attend two meetings as a visitor. At the second meeting, prospective members obtain a sponsoring member if they don't already have one. Prospective members must have a sponsor. Prospective members then complete this application and submit it with a check to the Membership Committee for review.
2. The Membership Committee completes the screening process and notifies the prospective member of acceptance or non-acceptance before the next meeting.
3. The Membership Committee notifies the President.
4. The President announces new members at the weekly meeting following acceptance by the membership.

### Part I: Information

Date:  Referred by: (How did you hear about us?)

Applicant's Name:  Business Phone:

Business Name:  Home Phone:

Business Address:  Cell Phone:

City:  State:  Zip Code:  Fax Number:

E-mail Address:  Sponsor's Name:

Website Address:

Describe Your Product or Services (be specific):

### Part II: (Please answer all questions)

1. Experience in Field/Occupation (be specific):
2. Education, background in field/occupation or Degrees, Licenses or Credentials required to perform in Field/Occupation:
3. Is the occupation under which you are applying for membership a full or part-time occupation?  full-time  part-time
4. How long have you been with the company you are representing?  What position do you currently hold?
5. Are you able and willing to make the commitment to arrive at our weekly meetings on time and stay throughout the 90 minutes, and are you willing to abide by the SMBN rules and procedures?  Yes  No
6. Is there an individual in your company who would be willing and able to attend meetings on your behalf, should you be unable to attend?  Yes  No
7. What do you expect to contribute to this chapter?
8. What is your ability to bring qualified referrals or visitors?

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9. Do you belong to other networking organizations?  Yes  No If so, please list:

10. Do you support a charitable organization?  Yes  No If so, would you consider sharing details?

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### Part III: Member Classification Survey

Please complete the following information so that member representation can be reviewed and documented to avoid conflicts of classifications. Please be specific as to the services and/or products you would like to represent within SMBN. The Membership Committee will review all forms for determining overlap of classifications. If an overlap exists or a member is requesting representation of too many products/services, the Membership Committee will discuss this with the member to arrive at an amicable solution.

**Please print.**

Member Name:

Company Name:

Member Classification:  (i.e. Accounting, Marketing, Gift Baskets, Insurance, Real Estate, Photography, etc.)

Occupation - Service and/or Products

We encourage all members to join a committee. (Please select one committee that you would like to join)

Social  Fund Raising  Orientation and Membership  Publicity  Recruitment  Finance

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### Part IV: Fees & Payment

Submit a \$25 check for the application fee with your completed application. Membership dues are \$100 semi-annually. The first installment will be prorated based on the billing cycle. Please make checks payable to **SMBN**. Mail to: SMBN

P.O. Box 1504  
La Plata, MD 20646

Check Number:  Total Amount:

**UPON YOUR ACCEPTANCE TO SMBN, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION**

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

Please return application with a copy of your business license.  
Thank you.

# **SOUTHERN MARYLAND BUSINESS NETWORK NAME BADGE ORDER FORM**

**I want my name on the badge imprinted as:**

**I want my business/company name imprinted as:**

**Member Signature:**

**Date:**

**NOTE: FIRST NAME BADGE IS ISSUED AS PART OF YOUR NEW MEMBERSHIP.  
LOST BADGE: REPLACEMENT BADGE WILL COST YOU \$10.00**