



Membership Application

Business Name _____

Name _____ Title _____

Address _____ City _____ State ____ Zip _____

Phone _____ Fax _____ Email Address _____

Website _____ Facebook Page _____

Other social media links (may or may not be included) _____

Business Products or Services _____

Were you referred to B4B by another member? Yes No (If yes, who?) _____

Briefly why you would like to be a part of our networking group:

Briefly tell us what you would do to help make this group successful:

Are you currently a member of another networking group? Yes No (If so, which one(s)?)

Please list two business references we can contact:

Name: _____ Position: _____

Business: _____ Phone: _____

Email Address: _____ How Long Known: _____

Business Relationship (describe): _____

Name: _____ Position: _____

Business: _____ Phone: _____

Email Address: _____ How Long Known: _____

Business Relationship (describe): _____

Note: Please feel free to attach a resume or brief biography for additional information.

Please email logo and/or headshot along with completed application to member@b4bchamber.com for inclusion on membership directory page on website.

Signature _____ Date _____

Once your application is accepted, an invoice will be emailed requesting an electronic payment of \$200 for your annual membership dues.