

**CONTACT INFO**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Web: \_\_\_\_\_

How did you hear about our group? \_\_\_\_\_

**REFERENCES *\*skip if renewing***

Please provide contact information for two (2) individuals who are willing to act as a reference for you. The Membership Committee will contact these individuals at their discretion.

Reference #1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

Reference #2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

**APPLICATION QUESTIONS *\*skip if renewing***

Please describe your business in more detail: \_\_\_\_\_

How long have you been involved in your business? \_\_\_\_\_

What qualifications do you have? \_\_\_\_\_

What sets your business apart from your competition? \_\_\_\_\_

How will you generate referrals for fellow group members? \_\_\_\_\_

**ACKNOWLEDGEMENTS *\*new applicants and renewals***

I am able to attend meetings at 7:00am every week, or send a substitute YES NO

I am able to stay for the duration of every meeting (currently 7:00am to 8:30am) YES NO

I am able to generate at least 1 unit of business every week (a referral, a testimonial, or a visitor) YES NO

I will act promptly on referrals that I receive and carry on my business in a professional manner YES NO

I am able to pay the weekly meeting dues on time (currently \$13, but subject to change) YES NO

## GENERAL POLICY OVERVIEW

1. Attendance is crucial to the success of our group. Members are permitted to miss a maximum of six (6) meetings per calendar year. If you are unable to attend a meeting you can arrange a substitute to attend in your place. If the substitute attends, it is not counted as an absence.
2. All Members are required to contribute to the success of our group. Members are expected to produce an average of four (4) units of business per calendar month. A unit of business is defined as:
  - a referral
  - a testimonial for another Member of the group
  - bringing a visitor to a meeting
  - 1-to-1 interview
3. All Members are encouraged to complete a minimum of twelve (12) 1-to-1 interviews per year. It is beneficial to complete a 1-to-1 interview with all members
4. All Members are required to carry on their business with professionalism and integrity.
5. If a Member operates or is involved with multiple businesses, he/she is only permitted to represent the business associated with the category assigned.
6. All Members are required to introduce themselves to the group and provide some information about their business (approximately 60 seconds) at each meeting. These "infomercials" help group members get to know you and learn more about your business.
7. Members are required to give a presentation at least once per year  
Presentations enable the group members to learn more about your business.
8. The annual Membership fee is currently \$500. The current weekly meeting fee is \$14.00. Both are subject to change. Weekly meeting fees must be paid on time.
9. Violation of any of the general policies will result in termination of membership. Fees are non-refundable.
10. Policies are subject to change.

## ACKNOWLEDGMENT / MEMBERSHIP FEE PAYMENT

I have read the policies above and am confident that I can abide by them. I have also enclosed a cheque, payable to the Brant Sunrise Professional Group in the amount of \$500, representing the annual membership fee. I understand the cheque will be returned to me in the event that my application is not accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR MEMBERSHIP COMMITTEE ONLY

<input type="checkbox"/> Application Reviewed by Committee on _____			
<input type="checkbox"/> Have both references been contacted? Comments: _____	YES	NO	
<input type="checkbox"/> Further Review (ie. inspection of work, interview with Membership Committee)? If so, please describe: _____	YES	NO	
<input type="checkbox"/> Is there a conflict with any Existing Members? If so who? _____ Has the conflict been resolved?	YES	NO	
Application Accepted?	YES	NO	
	Fee Received?	YES	NO
Business Category Assigned: _____			
Conditions: _____			

Signature of VP: \_\_\_\_\_ Start Date: \_\_\_\_\_