

Lake Wylie Friends in Business Membership Application



Name _____

Business Name _____

Business Address _____

City St Zip _____

Business Phone _____

Home Phone _____

Cell Phone _____

Email _____

Describe your product or service (be specific):

Group sponsor (if invited by a member of the group) _____

1. Experience in your field or occupation (be specific)

2. Educational background in field or occupation or degrees, licenses, credentials

3. Is this occupation full or part-time? ___ Full time ___ Part time

4. How long have you been with the company you are representing? _____

5. Is there an individual in your company who can attend meetings on your behalf, should you be unable to attend? ___ Yes ___ No

6. What do you expect to contribute to this chapter?

7. What is your ability to bring qualified referrals or visitors?

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

Business References

Name		Business	
Position		Phone	
Business Relationship			

Name		Business	
Position		Phone	
Business Relationship			

Name		Business	
Position		Phone	
Business Relationship			

Attach your initial membership fee of \$120.00. Applications will not be considered without payment attached. Upon acceptance to FIB, fees are non-refundable without exception.

Monthly Dues are \$35 per month and due on the 1st of each month.

I have received and read a copy of the Bylaws of this organization. In applying for membership, I agree that I will make the commitment to attend weekly meetings, arrive on time, stay throughout the 90 minutes and abide by the FIB rules and procedures as set forth by the Lake Wylie Friends in Business Bylaws and organization.

Signature _____

Date _____