

# QUALITY BUSINESS NETWORK MEMBERSHIP APPLICATION

CATEGORY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (bus.) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

QBN SPONSOR: \_\_\_\_\_

## BUSINESS REFERENCES:

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I accept the Basic Terms and Conditions of By-Laws and Standing Rules. The information furnished is true and correct to the best of my knowledge and belief. You have my permission to contact the above named references to verify my professional and personal good character. The stated category above is the only profession that I will discuss with QBN members during and away from all QBN meetings.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**The Application Fee submitted with this form will be refunded if membership is declined.**