

Bucks Business Network - Membership Application

Please submit in person or fax this application to:
John Monte c/o JMI Financial Group - Fax (727) 771-6088
Or
Ron Morris c/o Blue Marlin Mortgage – Fax (727) 467-0900

Your Name: _____ Business Name: _____

Business Address: _____

Bus Tel: _____ Cell: _____ Fax: _____

E- mail: _____ Website: _____

Business Classification: _____ No. of Employees: _____

Brief description of your business: _____

Year Business Started: ____ Year You Joined Business: ____ No. of Years of Experience: ____

List any licenses, designations or certifications you currently hold in the state of Florida:

List all other organizations you belong to (Civic, Social, Business): _____

What you can bring to the Bucks organization: _____

What you expect the Bucks organization to do for you: _____

Home address: _____

Home Tel: _____ Number of years in FL _____

Have you ever been convicted of a felony or a crime involving allegations of dishonesty or moral turpitude? Yes ____ No ____

Do we have permission to do a background check? Yes ____ No ____

Sponsor's name: _____ How long have you known your sponsor? _____

By my signature, I agree to have myself and my company researched by the Bucks Business Network for possible membership in the club. If accepted, I agree to comply with the constitution, bylaws, rules and regulations of the Bucks Business Network.

Signature

Date