

***Bucks Business Network***  
***Membership Application***

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: \_\_\_\_\_ No. of Years in Florida: \_\_\_\_\_

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 \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four digits of Social Security Number: \_\_\_\_\_

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