

Your Name: _____

Business Name: _____

Business Phone: _____ Cell: _____ Home: _____

Email: _____

Website: _____

Business Classification: _____

Year business started: _____ Year you joined the business (if not owner): _____

Years of experience in industry: _____ Number of employees: _____

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

Other organizations you belong to: _____

What can you bring to the BUCKS organization/members? _____

What do you expect the BUCKS organization to do for you? _____

Home address: _____

Number 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 _____

Sponsor's name (if applicable): _____

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