

# BALLANTYNE BUSINESS CONNECTIONS

[ Membership Application ]

**TO BE CONSIDERED FOR MEMBERSHIP** you must upload a current professional photography of you, your business logo and your biography (less than 250 words) along with this application completely filled out to **ballantynebusinesscon@gmail.com**. File formats accepted are: pdf, jpg, png, gif. If all documents requested are not submitted at the same time, your application will be denied without review. We reserve the right to accept or dismiss anyone from the Ballantyne Business Connections (BBC) group at any time without explanation.

Applicant's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Website: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Linked In: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Facebook: \_\_\_\_\_

Business Industry: \_\_\_\_\_ Business Type:  B2B  B2C Sales:  Product  Service

Business Owner?  Yes  No Years in/with Business? \_\_\_\_\_  full or  part-time occupation?

Who is your target audience? \_\_\_\_\_

What problem does your business solve? \_\_\_\_\_

\_\_\_\_\_

What makes you/your company the best in your industry? \_\_\_\_\_

\_\_\_\_\_

What is your educational background in your field? Degrees? Credentials? Licenses? \_\_\_\_\_

\_\_\_\_\_

List any industry achievements and acknowledgements. \_\_\_\_\_

\_\_\_\_\_

What will you contribute to the group? \_\_\_\_\_

\_\_\_\_\_

What do you expect to gain from the group? \_\_\_\_\_

\_\_\_\_\_

Are you a member of another group presently?  Yes  No If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_

## Business References

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Business: \_\_\_\_\_ Business: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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MEMBER COMMITMENT: NAME \_\_\_\_\_ BUSINESS \_\_\_\_\_

(Initial)

- \_\_\_\_\_ I commit to attend the regular meetings and actively participate/volunteer as needed.
- \_\_\_\_\_ I commit to doing one-on-one meetings with members on a regular basis.
- \_\_\_\_\_ I affirm that I maintain the required licenses and/or certifications for my profession.
- \_\_\_\_\_ I agree to provide quality business referrals from BBC members.
- \_\_\_\_\_ I will promptly follow up with the referrals I receive.
- \_\_\_\_\_ I will be honest in my dealings with BBC members and their referrals.
- \_\_\_\_\_ I will act in a professional manner.
- \_\_\_\_\_ I will honor the prices that I have quoted.
- \_\_\_\_\_ I will maintain a positive and helpful attitude.
- \_\_\_\_\_ I will maintain the ethical standards of my profession/industry.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## MEMBER INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ owner/member/employee/agent of the business known as \_\_\_\_\_, understand and agree that I will hold harmless and indemnify BALLANTYNE BUSINESS CONNECTIONS and all of its members from any liability, damages or responsibility related to any work I perform for clients referred to me as a result of my membership in BALLANTYNE BUSINESS CONNECTIONS.

I do hereby waive, release and forever discharge any and all rights and/or claims for damages that may occur out of or in any way connected with my being a member of BALLANTYNE BUSINESS CONNECTIONS.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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## MEMBERSHIP COMMITTEE USE ONLY

Date application received: \_\_\_\_\_

Date applicant interviewed: \_\_\_\_\_ by: \_\_\_\_\_

References contacted:  Yes  No If No, please explain: \_\_\_\_\_

Dues received:  Yes  No Date received: \_\_\_\_\_

Comments: \_\_\_\_\_

Applicant Approved:  Yes  No If Yes, category and date: \_\_\_\_\_

Membership Authority Signature: \_\_\_\_\_