

FAIRFIELD COUNTY BUSINESS CLUB APPLICATION FOR MEMBERSHIP

Application Date: ___ / ___ / ___ Sponsor: _____

Name & Title of Applicant: _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

Email: _____

How Long Employed With This Company: _____

How Long Has Company Been In Business: _____ # Of Employees: _____

Are You Now Or Have You Ever Been In A Network Group: Yes ___ No ___

Name Of Group: _____ Currently Active: Yes ___ No ___

*Summary of Business:

What Do You Expect From The FCBC:

Approval: ___ / ___ / ___ Read To Membership: ___ / ___ / ___

1st Visit: ___ / ___ / ___ 2nd Visit: ___ / ___ / ___ 3rd Visit: ___ / ___ / ___

Date Inducted: ___ / ___ / ___

By signing this application, the applicant acknowledges that, if accepted, the applicant will be bound by and abide by the By-Laws of the F.C.B.C. Upon membership approval by the FCBC, the applicant will be furnished with a set of the current By-Laws.

Signature of Applicant: _____ Date: ___ / ___ / ___

Revised March 2014