

FAIRFIELD COUNTY BUSINESS CLUB
APPLICATION FOR MEMBERSHIP

Application Date: ____/____/____ Sponsor _____

Name & Title of Applicant: _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

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?

What will you offer to the FCBC?

Approval: ____ / ____ / ____ Read To Membership: ____ / ____ / ____

First Visit: ____ / ____ / ____ Second Visit: ____ / ____ / ____

Third 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 2003