



Application and Policies

Our mission:
To build business relationships with integrity and trust

We are committed to the support of our members in a friendly, ethical and professional manner through the exchange of business referrals

Name: Last _____ First _____ (Nickname) _____

Business Category _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell _____

Email _____ Website _____

Sponsor's Name: _____ Cell _____

Is the Business listed above your primary profession? Y N How long have you been with your company? _____

Licenses/Credentials _____

Participation:

Attendance: Members may not miss more than 2 consecutive meetings, or more than 4 in a quarter, without prior approval.

One on One: Members will complete at least one (1) monthly 1on1 meeting with another member.

Presentations: Each member will make a presentation about their business at a meeting on a rotating schedule.

Referrals: Each member will be committed to generating solid referrals to other members.

Tracking: All activities will be tracked at each meeting on a master record.

Leadership: Co-Facilitators will be responsible for running each meeting and keeping records. This position will rotate among all members. All member concerns must be brought to the attention of the leadership.

Decisions: Any decisions made by the group will be by a 2/3rds majority vote. Agenda items discussed at a meeting will be voted on at the next meeting. All members may vote via email if not present.

Sub-Committees: Each member is expected to be active on at least one sub-committee.

Guests: Guests may visit up to 2 meetings before applying for membership.

Membership: Potential members must submit this completed application, along with a check for \$80.00. A membership vote will occur at the following meeting. Individuals accepted for membership will be notified by their sponsor.

Administration Fee: Each new member will be charged a non-refundable fee of \$20.00

Annual Dues: \$60.00 due the 1st meeting in January: pro-rated for members joining throughout the year: non-refundable.

Meals: Each member will be responsible for their own meal expenses and tip.

2 References: (Provide either a Business or Character Reference)

Name _____

Telephone Number _____

Business Name _____

Address _____

Name _____

Telephone Number _____

Business Name _____

Address _____

Acknowledgement:

My signature below attests to my understanding of, and agreement to, follow the mission and policies of B2B of Central Pa.

Name _____

Date _____

Approved By: _____ Date: _____ Check #: _____