



**Application To Join Mutual Business Xchange (MBX)**

Name \_\_\_\_\_ Business Represented \_\_\_\_\_

Hm Address \_\_\_\_\_ Bus Address \_\_\_\_\_

City St/ Zip \_\_\_\_\_ City St /Zip \_\_\_\_\_

Personal Cell # \_\_\_\_\_ Business Ph# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_ Web page \_\_\_\_\_

Business Category for which you are applying for (Be Specific) \_\_\_\_\_

Describe your product or service \_\_\_\_\_

How long have you been with this company? \_\_\_\_ yrs \_\_\_\_ mths Experience in field /Occupation \_\_\_\_ Yrs \_\_\_\_ mths

Education background in field Occupation or Degrees- Licenses or Credentials \_\_\_\_\_

Are you able to commit to attend ALL weekly meetings? Yes / Most of the time / No. Explain \_\_\_\_\_

Do you have an alternate for when you cannot come Yes / No if so whom \_\_\_\_\_ Ph# \_\_\_\_\_

Do you belong to any other networking groups Yes/ No if so please list \_\_\_\_\_

**Business References**

Name _____ Ph# _____	Name _____ Ph# _____
Business _____ Position _____	Business _____ Position _____
Business Relationship _____	Business Relationship _____

**There is a \$10.00 non-refundable Application Fee & Dues are \$150 per year or \$20 per month if paid monthly**

I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject to immediate termination at the MBX Board's discretion. I further understand that my membership is conditional and I agree, accept and will abide by all terms and conditions set forth in MBX Network Policies, Guidelines and Code of Ethics

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ (please attach any information or documentation you deem appropriate)

Sponsor Name \_\_\_\_\_ Signature \_\_\_\_\_

(To make a Category Change, you must submit a new application with a \$10 application fee and be approved by Leadership Committee)

<b>MBX USE ONLY</b>	
Verified information and References <b>Yes/No</b> _____	Date _____ Comments _____
_____	
<b>Accept / Decline</b> If declined, was there conflict with job description of existing member? <b>Yes/ No</b> Comments/MBX officer _____	
_____	