

MEMBERSHIP APPLICATION

BUSINESS INFORMATION

Business Name:

DBA

Address:

City:

State:

ZIP Code:

Business Phone

Website:

BRIEFLY DESCRIBE YOUR BUSINESS/PRODUCTS/SERVICES/PROFESSION

PRIMARY REPRESENTATIVE INFORMATION

Name:

Email: *(if different than above)*

Work Phone:

Cell Phone:

Title/Position:

Home Phone: *(optional)*

Home Address: *(optional)*

MEMBERS ARE REQUIRED TO ATTEND 50% OF MEETINGS – DESIGNATED ALTERNATES ARE HIGHLY SUGGESTED

ALTERNATE REPRESENTATIVE INFORMATION

Name:

Email: *(if different than above)*

Work Phone:

Cell Phone:

Title/Position:

Home Phone: *(optional)*

ADDITIONAL INFO

OPTIONAL: IF YOU WOULD LIKE TO OFFER ANY INCENTIVES/DISCOUNTS/REWARDS FOR REFERRALS THRU ACBE PLEASE SPECIFY THE NATURE OF INCENTIVE(S) AND QUALIFICATIONS (EXAMPLE: NEW CUSTOMERS RECEIVE 10% DISCOUNT)

SIGNATURES

I understand this membership is conditional upon my obeying all of the By-Laws, Regulations and Code of Ethics.

Signature of Applicant:

Date:

Signature of Sponsor

Date:

Date of Application
Review: _____

Accepted

Rejected/Reason: _____

Notified by: _____