

Wayne County Business Referral Group

Membership Proposal Form

Applicant's
Name: _____ Spouse _____

HOME

Address: _____

Telephone _____ Cell Phone _____

E-Mail
Address _____ Website _____

BUSINESS

Name _____

Position/Profession _____ Title _____

Address _____

Phone _____ Fax _____ E-Mail _____

WCBR Group Category _____

Products/Services Offered by Your Business _____

Reason(s) for requesting membership in WCBR Group _____

BACKGROUND

Time in Present Position _____

Previous Positions Held: _____

Membership in Other Organizations: _____

Participation in Community Activities: _____

Educational Background/Training: _____

Information to be furnished by WCBR member:

How long have you known applicant? _____

Personal Qualifications _____

Member Name: _____
Print Name

Business _____
Print Business Name

Signature _____

Date: _____

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Date Approved by Group _____

Date Paid Membership Dues _____

Orientation Call/Visit _____

Orientation Member _____