

PENINSULA BUSINESS EXCHANGE



Membership Application

Last Name _____ First Name _____ Date of Application _____

Business Name _____ Professional License Info _____

Address _____ City _____ Zip _____ Phone (____) _____

Email _____ Website _____

Occupation _____ Product or Service _____

Category (Dentist, Florist, Plumber) _____

References 1. _____
2. _____

1. PBE has a clear attendance policy. Do you anticipate any issues or problems with attendance?

2. In what other professional networking organizations are you a member? _____

3. Why would you like to become a member of PBE; what about the group appeals most to you? _____

4. Have you reviewed the ByLaws, including the Requirements of Membership, Attendance Policy, and Grounds for Dismissal? Are there any questions or issues with the ByLaws we should discuss now? _____

5. What professions do you expect to exchange leads with the most? _____
6. Any comments or questions? _____

I understand this information will be used in the voting on my application. I understand if I resign from PBE or if my membership is terminated by the Board, that membership renewal dues are non-refundable. I have reviewed the ByLaws and have read and discussed to my satisfaction all the above.

Date _____ Signature _____

Inspector's Signature _____

Please make check payable to:
"Peninsula Business Exchange"
c/o Jeanne Sartor, Treasurer
835 Newport Circle
Redwood City, CA 94065

Financial Commitment:
Annual Renewal Fee \$100
Quarterly Dues \$125
Total Initial Payment Due \$225