

Quinte Business Network
Application for Membership

Date: _____

Applicant Name _____

Business Name _____

Business Physical Address _____

Phone Numbers –Business- _____ Cell- _____

E-mail Address- _____ Website- _____

Services offered / Goods Sold – Please list in order of highest volume of receipts to lowest- (We need to understand what you do.)

Are you currently insured by a Commercial Liability insurance policy? Yes / No

How long have you been working in this particular business? – In this field?

Do you hold any licenses or professional credentials related to your business? – if so please list.

Who referred you to the QBN? _____

What do you hope to gain from membership with our group?

**Note- The above information will be shared with the membership.

Understanding and Agreement of membership application

If accepted as a member, I, the undersigned, agree to abide by the rules and bylaws of the QBN, to support the other members with referrals and to regularly attend meetings. I further agree to deal with all referrals in a prompt, professional manner and honour all quotes I have given. In the event that I change my business activities in a way that may cause me to negatively impact another member or to compete with another member, I will immediately advise the membership committee. At all times, I will do my utmost to support and build a positive public perception of the Quinte Business Network and all members. If my actions are deemed by the membership committee to reflect negatively on the Quinte Business Network or on another member, or if I, or my business appear to be acting or conducting business in contravention with any of the above statements, I understand that the Membership Committee may, at it's sole discretion, revoke my membership, and my membership fee will be forfeit.

Applicant

Date