

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Name: _____
Date of Birth: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Spouse's Name: _____
How did you learn about us?

BUSINESS INFORMATION

Business Name: _____
Job Title: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Website: _____
What does your company do?

What are your duties & responsibilities?

Sponsored by: _____

To be reviewed, your application must include at least **two local references**.



What do you hope to get out of membership in the Mercury Business Association?

What qualifies you as an elite professional in your industry?

Why do you feel you would be a good fit for this group?

Why would our members benefit from doing business with you over your competitors?

REFERENCES

Reference	Organization	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

X: _____ Date: _____

I certify the information on this application is correct to the best of my knowledge, and consent for members of the Mercury Business Association to contact any listed references and organizations to verify the information contained herein. If accepted, I agree to abide by the By-Laws and Constitution of the Mercury Business Association.