



Business Networking on the First Coast

Membership Application

Attach Card Here

Date: _____

Invited By: _____

Applicant's Name: _____

E-mail: _____

Business Phone: _____ Fax: _____

Alt. Phone: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Describe your business product or service:

Is the occupation under which you are applying a full or part-time occupation?

How long have you been with the company you are representing?

All members are expected to attend weekly meetings, on time and for the full 90 minutes. If you must miss a meeting, are there individuals from your business that will attend in your place?

Please list:

Do you belong to other networking organizations? _____ Please list: _____

What do you expect to contribute to BizNet? Leadership, Team Building, Professionalism, etc.:

Experience in Field (Position): _____

Education in Field (Positions, Degrees, Licenses): _____
