BRT MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Name:		
Phone:	Mobile:	Email:
Website Address:		
BUSINESS INFORMATION		
Business Name:		
Business address:		
Phone:	E-mail:	Fax:
City:	State/Prov:	Postal/Zip Code:
Years in Business:	# of Employees: F/T:	Р/Т:
Business Type (Description):		
If a member of your immediate family owns a business, please specify business name and type:		
Business Name:		
Business Type:		
What is your primary reason for joining Business Round Table?		
Sounding Board	Practical Advice	Knowledge
New Ideas	Problem-solving	Networking
Other		
What special business attributes can you offer to BRT? (Solid understanding of business, financial abilities, staff management abilities, good knowledge of the market, good marketing skills, etc)		
SIGNATURE		
By signing this application, I agree that if ever I resign from membership in Business Round Table, I will not continue to participate in meetings with a group, using similar concepts and/or Business Round Table program materials, for a period of two		
years from the date of my resignation.		
Signature of applicant:		Date:
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