

	<p>“EBBE: Expand Business Beyond Expectations” is a Greater Springfield, Massachusetts based networking group. Member businesses provides services for the entire region including the towns of Agawam, West Springfield, Holyoke, Easthampton, South Hadley, Chicopee, Ludlow, Hampden, Wilbraham, Longmeadow, East Longmeadow and Springfield as well as Enfield and Suffield, CT.</p>
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Membership Process

1. After being invited by a current group member, a prospective member may attend up to two weekly meetings in order to become familiar with the group, its function and its purpose.
2. Each business type can only be represented by one group member.
3. If interested, a prospective member may ask for an application to join the group. Once a prospective member has submitted the application and payment, it is reviewed by the Membership Committee, a decision is made and the candidate is informed.
4. The President announces the Membership Committee's decision.

PART I (Please answer all questions)

Applicant's Name		Email Address	
Last:	First:		
Business Name		Business Phone	
		Cell Phone	
Business Address:		FAX	
Street Address:			
City:		Home Phone	
State:			
Zip Code:		Website URL	
Business Description- <i>Please include a list of your business services and products.</i>			
1.			
2.			
3.			
4.			
5.			
Sponsor's Name			

PART II

1. Please describe your background and work experience that provide you with the necessary skills to perform your occupation.

2. How long have you been working in this business?

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3. Please summarize any related education, other training or credentials for your field/ occupation.

4. Is the business under which you are applying for a membership a full or part time occupation?

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5. Given the current group's membership, what level and type of referrals do you think that you can provide to the group? Please explain.

6. Will you be able to attend our weekly group meetings on a regular basis?

7. Please list your current networking activities and any conflicts that might exist.

PART III- Client/ Customer References

Note: Because EBBE Group members provide referrals to other members for performance of specified services and products, we are very interested in references from your clients/ customers in order to determine your worthiness as a new member.

Please provide at least two references for consideration by the membership committee.

Name:		Phone:	
Business Name: (if applicable)			
Business Relationship:			

Name:		Phone:	
Business Name: (if applicable)			
Business Relationship:			

Name:		Phone:	
Business Name: (if applicable)			
Business Relationship:			

Prospective Member Signature: _____ Date: _____

PART IV- FOR MEMBERSHIP COMMITTEE ONLY

Date Received: _____ By: _____

Submitted information and references was verified by: _____

Comments

Recommendation: **Accept** **Decline**

Signature- *Membership Chairman*