

MEMBERSHIP APPLICATION

Date:		
Name	Title	
Company	Industry	
•		
Work Phone		
Home Address	Zip	
	Email	
What Services do you offer?		
		
How long have you been in th		
Do you belong to any other no	etworking or community groups?	

How did you hear about Cour	ncil Bluffs Business Connections?	
·····		·



3 Professional References	
Name/Title/Business_	Number
Name/Title/Business	Number
Name/Title/Business_	Number
Objective: CB Business Connection is a c strives to assist all of its members with re goals through its community involvemen	eaching their growth and business
Member Invite Policy: Attend 2 meetings Someone that wishes to join the group existing member of the group. That person is already in the group. The business that the p member of the Council Bluffs Area Chamber	must be assigned or sponsored by an may not represent a professional person represents must also be a
Council Bluffs Business Connection Dues The annual dues for CB Business Conn	
I have received and understand the CBBC Po	licies and Procedures.
DATE PAID	