

Bellingham Connections Club

Membership Application

Connections...

it's who you know

Date of Application: _____ Individual _____ Business _____

Applicant's Name: _____ Title: _____

Company Name: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Description of Primary Business Activity:

You are an Owner/Partner: _____ Employee: _____

of years with business: _____

Sponsored by (1): _____ (2) _____
(Need 2 signatures of Connections Club Members)

Primary Reason(s) for interest in becoming a Connections member: _____

Personal data:

Name of spouse: _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

I have read the connections by-laws and understand that my application is subject to two thirds of the general membership.

(Signature)

(Print Name)

Application was approved on (date): _____

Application was denied on (date): _____

Reason for denial: _____

President's Signature: _____