

MEMBERSHIP APPLICATION

APPLICATION FEE: \$450.00

FEE INCLUDES: \$350 Yearly Dues + \$100 Application Fee

Check# or Auth/Trans Code: _____

Make Checks payable to "Jeff Maxick"

APPLYING FOR:

Industry: _____

Paid by Applicant Paid by Company

Classification: _____

If company-paid, provide business name and information:

I. BASIC INFORMATION

Date: _____

Applicant's Name: _____

Business Name: _____

Business Address: _____ City, ST, Zip: _____

Business Phone: _____ Mobile Phone: _____ Email: _____

Website: _____

Sponsor's Full Name: _____

II. EXPERIENCE & CREDENTIALS NOTE: You may attach a resume or biography for additional information.

1. Experience in Professional Classification (be specific): _____

2. Length of time in Professional Classification: _____

3. Education background in Professional Classification or Degrees, current Licenses or Credentials required to perform in Professional Classification (list school/state and/or business/state): _____

4. Has your professional license ever been revoked or suspended? Yes No If yes, please provide details: _____

5. Is the Professional Classification under which you are applying for membership your primary occupation? Yes No

III. STANDARDS & EXPECTATIONS

1. Are you able and willing to make the commitment to arrive at the weekly meetings on time and stay through the 90 minutes. and do you agree to abide by the WSBB Member Policies, Guidelines and Code of Ethics? Yes No

2. Are you willing and able to send a substitute if you are unable to attend a meeting? Yes No

3. Are you willing and able to bring referrals and/or visitors? Yes No

4. Do you belong to other networking organizations? Yes No If yes, please list: _____

6. Have you ever been convicted of a felony? Yes No If yes, please provide details and year: _____

IV. WSBB CODE OF ETHICS

Upon acceptance to WSBB, I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.

1. I will provide the quality of services at the price that I have quoted.
2. I will be truthful with the members and their referrals.
3. I will build goodwill and trust among members and their referrals.
4. I will take responsibility for following up on the referrals I receive.
5. I will display a positive and supportive attitude.
6. I will live up to the ethical standards of my profession.

Professional standards outlined in a formal code of conduct for any profession supersede the above standards.

V. APPLICATION PROCESS

1. Prospective members must have a sponsor. Prospective members must complete this application and submit it to the Membership Committee for review.
2. The Membership Committee will review your application and inform you of your acceptance or non-acceptance.
3. The Membership Committee notifies the President.
4. The President announces new members at the meeting following acceptance by the Membership Committee and receipt of payment.

VI. BUSINESS REFERENCES

1. Name: _____
Position: _____
Business: _____
Phone: _____ E mail: _____
Business Relationship: _____
2. Name: _____
Position: _____
Business: _____
Phone: _____ E mail: _____
Business Relationship: _____

VII. TERMS & CERTIFICATIONS

By submitting this Application, you agree to receive communications from or relating to WSBB, and further agree that WSBB may share your information and any other material you provide with other WSBB members, affiliates, vendors, and third parties in order to provide you services as a WSBB member.

ARBITRATION. In the event a dispute is raised relating to this agreement and/or membership and it cannot be resolved by WSBB leadership, it shall be resolved by binding arbitration in accordance with the laws of Illinois. The Arbitration shall be subject to the Rules of the American Arbitration Association. The clause encompasses any and all disputes involving WSBB and its officers, directors, employees, agents and representatives, as well as members, provided that the disputes pertain to membership or participation in WSBB.

LIMITATIONS OF LIABILITY. Notwithstanding any other provision of this Agreement, any liability to you involving WSBB and its officers, directors, employees, agents and representatives for any cause whatsoever arising out of or related to this Agreement and/or membership or participation in WSBB, and regardless of the form of the action, will at all times be limited to the amount of the annual membership fee paid by you for membership in WSBB. Except in Jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages. No actions hereunder may be commenced unless brought within one (1) year of accrual.

TERM. All term fees are measured from the application date. Applications dated between the 1st and the 15th of the month shall begin their term on the 1st of the month. Applications dated after the 15th of the month shall begin their term on the 1st of the following month. Terms run one (1) year from the date the term begins.

CERTIFICATION. I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination at WSBB's discretion without any reimbursement. I further understand that my membership is conditional and I agree, accept and will abide by all the terms and conditions set forth herein and those contained within the Policies, Guidelines and Code of Ethics, all of which I have had the opportunity to review upon request or received upon induction, I acknowledge that breach of these terms, conditions, and policies shall be grounds to terminate my membership. I understand and agree that UPON ACCEPTANCE, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE

MEMBERSHIP COMMITTEE USE ONLY

Date Approved/Declined: _____ Notification to President: Accept Decline Date Applicant Notified: _____

Membership Committee Member Name & Signature: _____