

TRUMBULL BUSINESS NETWORK
Membership Application

Date of Application: _____/_____/_____

Business Name: _____

Contact Name Last: _____ **First:** _____

Business Address: _____

City, State, Zip: _____

Bus. Phone# : _____ **Fax#** _____

Cell Phone# : _____

Email Address bus. _____

Email Address home : _____

Home Address: _____

City, State, Zip: _____

Home Phone#: _____

Business Description

Professional Qualifications and Designations

Briefly explain the attributes you will bring to the Trumbull Business Network

Professional References

Name: _____ Relationship: _____
Address: _____ Business Phone#: _____
City, State, Zip: _____

Name: _____ Relationship: _____
Address: _____ Business Phone#: _____
City, State, Zip: _____

Important Information:

The Trumbull Business Network (TBN) meets every Wednesday at 7:30am at the River Valley Retirement Community located at 101 Oakview Drive, Trumbull CT 06611. If accepted for membership, you agree to conform to the official by-laws of TBN. Your application for membership will be reviewed in accordance with the by-laws set forth by TBN and is subject to approval by the board of directors. Once approved, annual dues will be paid directly to the club and prorated according to the calendar year. Yearly dues are currently \$200.00 payable in full by January 31 of that year.

By signing this application, you certify that all the information you have provided is accurate and truthful. Any statement proven to be fraudulent will result in your immediate disqualification from TBN or consideration for membership. In that event, any dues paid will be prorated and returned to the applicant.

Signature of Applicant: _____

Date: ____ / ____ / ____