

Application

Business:	Category:
Name:	Sponsor:
Email:	Phone:
Address:	Website:
Social Media:	
Please tell us about your business and experience	×
Please tell us about yourself:	
Are you in any other Networking Groups?	
Have you ever been in a Networking Group?	
What is would you like to accomplish from BASH	?
Do you have any past, current or future known professionally? Yes / No (if yes please explain) _	
Would you agree to equally participate in both g	iving and receiving qualified referrals?

References		
Name:		Phone:
Name:		Phone:
<u>Disclaimer:</u>		
application. I will be no	otified if my applicatio Ierstand my informat	ership. BASH Support Group will evaluate the on is accepted. Whether my application is ion will be kept confidential within the BASH from BASH.
BASH is a nondiscrimin opportunity to all.	atory non-profit orga	nnization and offers equal membership
BASH is not held liable arises I agree to review		al's or affiliates actions. If a disagreement oort Group.
privacy laws, rules and	regulations in regard	est and ethical behavior, understanding the distance to my job and any referrals I give or receive. without the permission from the individual(s).
of each year. If not re	eceived by January 15	efundable and is due for renewal on January 1 st th I forfeit my membership. My membership can Ively decides to do so based on <i>any</i> inappropriate
I declare this informating agree to let the Support		ate. If anything on my application changes I
		Date
Signature		
Printed Name		
Membership Director		
Approval	_ Denial	Date
Denial Reason:		