



Membership Application

Thank you for your interest in joining our inclusive networking group. Please print clearly so that we may process your information. Your application will be vetted by our leadership team and if accepted your dues will then be requested. Your membership begins on the date your application is accepted and attendance will be expected from that day forward.

BUSINESS INFORMATION				
First Name		Last Name		
Business Name		Phone Number		
Business Address				
City		State	Zip	
Website				
E-mail Address				
CLASSIFICATION & LICENSE				
What professional classification or industry will you represent?				
What is your background in that classification?				
Do you have a license?		License #	Who issues your license?	
Yes	No	NA		
For example:		MDA26844	Maryland Dept. of Agriculture	
BUSINESS REFERENCES				
Please give names and contact information of two references with whom you have done business.				
1. First Name		Last Name		
Business Name		Phone Number		
2. First Name		Last Name		
Business Name		Phone Number		
Membership Information				
Which type of membership?		Are you able to committ to weekly meetings.		
3 Month Trial \$50	Annual \$200	Yes	No	I will have a sub.
SMBP Membership Chair Only				
License Checks Good		Reference Notes		
Yes	No			
Approved by SMBP		Date of Commencement of Membership		
Yes	No			