

**Application To Join Mutual Business Xchange (MBX)**

Name \_\_\_\_\_ Business Represented \_\_\_\_\_

Hm Address \_\_\_\_\_ Bus Address \_\_\_\_\_

City/ St/ Zip \_\_\_\_\_ City/ St / Zip \_\_\_\_\_

Personal Cell # \_\_\_\_\_ Business Ph# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_ Web page \_\_\_\_\_

I will be joining MBX as an individual / Company Representative. I will / My Company will be responsible for paying my dues. (circle one)

Business Category for which you are applying for ( Be Specific) \_\_\_\_\_

Describe your product or service \_\_\_\_\_

How long have you be with this company \_\_\_\_ yrs \_\_\_\_ mths Experience in field / Occupation \_\_\_\_\_ yrs \_\_\_\_\_ mths\_

Education background in field/ Occupation or Degrees, Licenses or Credentials \_\_\_\_\_

Are you able to commit to attend ALL weekly meeting? Yes / Most of the time / No. Explain \_\_\_\_\_

Do you have an alternate for when you can not come Yes / No if so who \_\_\_\_\_ Ph# \_\_\_\_\_

Do you belong to any other networking groups Yes/ No if so please list \_\_\_\_\_

**Business References**

Name \_\_\_\_\_ Ph# \_\_\_\_\_ Name \_\_\_\_\_ Ph# \_\_\_\_\_

Business \_\_\_\_\_ Position \_\_\_\_\_ Business \_\_\_\_\_ Position \_\_\_\_\_

Business Relationship \_\_\_\_\_ Business Relationship \_\_\_\_\_

**There is a \$10.00 non refundable Application Fee & Dues are \$120 per year** (which can be made in payments)

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 MBX’s discretion. I further understand that my membership is conditional and I agree, accept and will abide by all terms and conditions set forth in MBX Policies, Guidelines and Code of Ethics.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_ (Please attach any resume, Bio, or any information)

Sponsor Name \_\_\_\_\_ Signature \_\_\_\_\_

**(To make a Category change , you must submit a new application with a \$10 application fee and be approved by Leadership Committee)**

**MBX USE ONLY**  
Verified information and References Yes / No Date \_\_\_\_\_ Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Accept / Decline** If declined, was there conflict with job description of existing member? Yes/ No Comments \_\_\_\_\_  
\_\_\_\_\_ **MBX Officers initials** \_\_\_\_\_