

South Kitsap Business Networking (SKBN)

MEMBER APPLICATION

ACTIVE ASSOCIATE

Business Name:

Member Name:

Alternate Member Name:

Business Address:

Mailing Address:

Phone:

Fax:

Website:

E-mail:

Can we publish all of this information on the website?

What is the primary focus of your business?

Who would use your services

Business and Professional References (2):

(1) Name

Address

Phone

(2) Name

Address

Phone

A short descriptive paragraph about your business for the website:

I have read the by-laws and agree to comply with them as written.

Comments:

Business Name:

Signature:

Date:

SEND TO: South Kitsap Business Networking, PO Box 2398, Port Orchard, WA 98366

----- **FOR SKBN USE ONLY** -----

Possible Conflicts?

Date Vote Was Taken: _____ Approved: Yes / No

Waiting List? _____