



**HOUSATONIC
BUSINESS ALLIANCE**
BUSINESS NETWORKING GROUP

APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Occupation or Service: _____ Sponsor: _____

Name of Business: _____ Business Address: _____

Type of Services you provide: _____ Business Phone: _____

_____ Cell Phone: _____

_____ Email Address: _____

What is your training? _____

How long have you been in this occupation? _____

How long have you been with this company? _____

Is this a full time or part-time business? _____

Are your services insured? _____

What can you contribute to the HBA? _____

Are you now or have you ever been a member of a business networking group? yes / no
- Please list names and dates of membership below

By signing this application, the Applicant agrees to be bound and abide by the HBA by-laws and policies, if accepted.

Signature of Applicant: _____

UPON ACCEPTANCE TO THE HBA ALL DUES PAID ARE NONREFUNDABLE

Action on Application by Membership Committee: accepted / declined Date: _____

Dues Paid: _____