



# North Sound BUSINESS NETWORK

Applicant's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Length of Time in Business: \_\_\_\_\_ Time in Business in Poulsbo/NK: \_\_\_\_\_

Business Licensed in Poulsbo: (yes/no) \_\_\_\_\_

Member of the Chamber of Commerce: (yes/no) \_\_\_\_\_

Business Classification (Type of Business): \_\_\_\_\_

\_\_\_\_\_

Products and Services offered - please be specific: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the membership application cover page and am willing and able to commit the time and energy to become an active member as described therein.

Signature of Applicant

\_\_\_\_\_

Date of Application: \_\_\_\_\_

Introductory Meetings attended: \_\_\_\_\_

Approved/Declined: \_\_\_\_\_