

CFBA BUSINESS/NETWORK MEMBER APPLICATION

Primary Applicant:

Home Phone:

Mobile Phone:

E-mail:

Current address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION (VOLUNTARY)

Current employer:

Employer address:

Position:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

E-mail:

Phone:

SPOUSE EMPLOYMENT INFORMATION (VOLUNTARY)

Current employer:

Employer address:

Position:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

GENERAL INFORMATION

How did you learn of CFBA:

Why are you interested in joining the CFBA:

What skills, certifications, business or educational experience do you have:

FAMILY INFORMATION

Please tell us a little about your family. Children 12 and older are allowed to participate at parent's discretion.

Name and ages of children:

Type of business children are pursuing, if any:

Hobbies or organized club activities:

Does your family currently have a mission/vision statement:

CFBA INDEMNIFICATION STATEMENT

The CFBA does not provide "paid" council or advise members or guests. As a result, the CFBA cannot guarantee any level of financial success or guard against loss in any type of business enterprises its members engage. All Class members choose to associate with the CFBA on a voluntary basis.

SIGNATURES

I understand that my association and membership with the CFBA is of my own choosing and that I will hold harmless the CFBA, its principles, and members for business, personal injury or damages. I have received a copy of this application and have read and agree to abide by the Code of Conduct.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership)*:

Date: