

The Sarasota Breakfast Club

Application for Membership

Please complete the following information and attach a check in the amount of **\$200.00** made payable to **The Sarasota Breakfast Club**. All applications will be read to the general membership during two (2) meetings before being presented to the Board (typically on the third Wednesday of the month). All pending applications will be considered by the membership on an as-needed basis, or the fourth Wednesday of every month. In the event your membership is not approved, your check will be returned.

Date: ___ / ___ / ___ Sponsor: _____ Member Since (mo./yr.): ___ / ___

Name of Applicant: _____ Date of Birth: ___ / ___ / ___

Business Name: _____

Title: _____ Years in Position: _____

Business Address: _____

City: _____ State: ___ Zip: _____

Phone: (___) ___ - ___ FAX: (___) ___ - ___

E-Mail: _____ Cell Phone: (___) ___ - ___

Website: _____

Are you registered with Sunbiz.org? ___ Yes ___ No

Type of Business/Category:

Business Description:

What makes your business unique or special?

Business Philosophy:

Professional License(s):

Products/Services:

Customer Profile:

Previous Positions/Businesses:

Current Other Club/Organization Memberships:

What do you expect to gain from membership?

Committees in which you wish to participate: ____Membership ____Program ____Social

The following personal information is used for the Membership Directory and is for the sole purpose of helping our members get to know each other better. Please be as complete as possible.

Marital Status: ____Single ____Married

Spouse: _____ Children (name & ages): _____

Residence Address: _____

City: _____ State: ____ Zip: _____

Phone: (____) ____ - ____ FAX: (____) ____ - ____

E-Mail: _____ Cell Phone: (____) ____ - ____

Hobbies/Special Interests:

Applicant Signature: _____

Date: ____/ ____/ ____

Sponsor Report

I have known _____, the applicant since ____/ ____/ ____.

This applicant will be a valuable addition to the club for the following reason:

I have reviewed with the applicant:

____Dues ____Membership Forfeiture ____Committees

____Participation Requirements (60% per month)

I believe there is no competitive business category conflict with any other Breakfast Club members as a result of this application.

Sponsor Signature: _____

Date: ____/ ____/ ____

Please return the application to The Sarasota Breakfast Club Membership Chairman.