



CAPE ANN BUSINESS ALLIANCE

Date:	Business Phone:
Applicant's Name:	Cell Phone:
Business Name:	Home Phone:
Business Address:	Fax:
City:	Email:

Describe product or service you wish to become a member under(be specific):

1. Experience in your field or Occupation:

3. Information Licenses: _____

4. References: Name: _____
 Name: _____
 Name: _____

5. Years in Business: _____

6. How long have you been with this Company representing.

7. Are you able to commitment to make weekly meetings on time and stay for 90 min. Yes No

8. Membership \$225.00 Per year NON-REFUNDABLE. Make payment to Cape Ann Business Alliance.

Sponsor's Name: _____

