



: HSRUHRDH □

HSRU

MEMBERSHIP APPLICATION

Name: _____

Sponsor Name: _____

Business: _____

Business Classification: _____

Address: _____

City, State, Zip: _____

☒ QH: _____ BBBBBBBBBBBBBBBBBBBBBBBB

☐ LRUQLD/LRQOHOHQGHUWREH
UHOHQWWRWHPHPEHUQGEHLQKONGLO
DFWLEWLHWVZLOOSRWLHONPS
HFRPLFHQURQPHQWIRU:HWSRUW
DQWRMFRQGEWLQEMQH/Q
:HWSRUWVWWV

Cell: _____

Email: _____

GENERAL QUESTIONS

Please list your profession, your field/occupation: _____

Please list your education/training in your field/profession. Include any degrees, licenses and/or credentials:

How long have you been with the company you are representing? _____

Are you able & willing to attend our morning meetings monthly on the 3rd Thursday? _____

What are you hoping to get from, and give to, this group?

Name 5 occupations you would like to see in this group?

Are you currently a member of another networking group(s)? If so, please list.



The purpose and mission of this group is to benefit members by referring business to one another based on a measure of good character and business ethics. Members shall also exchange ideas which may benefit other members. Members are also encouraged to do business with other members; however, there is no requirement that they do so.

Members are encouraged to bring guests to the meetings. Prospective guests must represent an open category

Code of Ethics:

- 1 I will promote goodwill among members and their referrals.
- 2 I will provide excellence in goods and services to members and their referrals.
- 3 I will be honest in all of my dealings with members and their referrals.
- 4 I will be professional and responsive to members and their referrals.
- 5 I will uphold the ethical standards established by my profession.

Thank you for your interest in the Westport Business to Business.
Applications will be reviewed by the membership committee and/or current officers.
You will be notified of the final decision of acceptance or non-acceptance as quickly as possible.

Membership Fee: \$50 yr. Jan-Dec 2021

Applicant's Signature: _____ Date: _____

By signing you agree to abide by the Westport Business to Business Code of Ethics and verify the information provided on this application is valid.

Thank you for taking the time to complete this application. We hope that we will be able to join together in developing a lasting, mutually beneficial business relationship.

Membership Committee/Officers Use Only:

Verified Information and References: YES _____ NO _____

Individual member completing the verification: _____ Date: _____

Comments: _____

ACCEPTED _____ DECLINED _____



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WestportB2B.com