

# Niagara Business Network

## Promoting Business In Our Community

Part I – Applicant Information	
Date: _____	<b>Membership Dues &amp; Terms</b>  <b>Dues:</b> \$30 per quarter  <b>Includes:</b> Room fees & breakfast  <b>Meeting Times:</b> 2 <sup>nd</sup> & 4 <sup>th</sup> Tuesday 8:00am – 9:15am September through June  <b>Only one person per industry is allowed to join</b>
Applicant's Name: _____	
Business Name: _____	
Address: _____	
Phone: _____	
E-mail: _____	
Website: _____	
Sponsor's Name: _____	

Part II – Business Information
Please describe your business:   
Select your primary market: <input type="checkbox"/> Residential/Consumers <input type="checkbox"/> Business Indicate the % split:                      % Residential/Consumers                      % Business

Part III – Business References
1. Name: _____ Position: _____ Business: _____ Phone: _____ Relationship: _____
2. Name: _____ Position: _____ Business: _____ Phone: _____ Relationship: _____

Please complete & fax to Theresa Winder – 775-1323 for Committee review – or call 775-0206.