



Metropolitan Association of Business Executives

Membership Proposal

THIS SECTION TO BE COMPLETED BY NEW MEMBER CANDIDATE

Date: \_\_\_\_\_

Applicant's Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

What is the nature of your business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long in business at the above location? \_\_\_\_\_

Any additional locations? (If yes, please list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you belong to any other "leads clubs" type organizations or have you in the past?  
(If yes, please list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to receive from the members of this organization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can the other members best serve you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_