



Membership Application

Completed forms can be faxed to 480.988.6511 or emailed to melissa@mabe-online.org
An online version of this form is also available at www.mabe-online.org

THIS SECTION TO BE COMPLETED BY PROSPECTIVE MEMBER

Today's Date: _____

Applicant's Firm Name: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Cell: (____) _____ - _____ Email: _____

Address: _____ City _____ Zip: _____

Applicant's Website: _____

Representative(s) attending meetings:

(Name) _____ (Title) _____

(Name) _____ (Title) _____

Are you the executive decision maker? _____

Are you the actual owner of the business? _____

Are you able to attend the weekly meetings on a consistent and regular basis? _____

Have you been advised on the rules and guidelines of MABE? _____

Have you been advised of dues and initiation fees? _____

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?

THIS SECTION TO BE COMPLETED BY PROPOSING MEMBER

Proposing Member: _____

Category Prospective Member Would Fill: _____

Date Prospect Visited Group: _____

How long have known this proposed member? How well do you know firm and representative?

What makes this proposed member superior to its competition? In what way(s) does the proposed member's business stand out from its competition?

How would sponsoring member rate proposed member's business reputation and ethics? (Case History) (A 1-2 word response of excellent or very good does not apply)
