

# BUCKS COUNTY PROFESSIONAL NETWORK

(Applicants must attend 3 meetings within a 4-week period to be eligible for membership)

Applicant's Name: _____	
Company Name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Work Phone: _____	Cell Phone: _____
Email Address: _____	Sponsor's Name: _____

## Category Selection for Name Tag

Business Category: \_\_\_\_\_

<p style="text-align: center;"><b>FEES</b></p> <p>BCPN Annual Dues: \$ _____</p> <p>Quarterly Chapter Dues: \$ _____</p> <p>Check Number: _____</p> <p>I, _____ understand and agree to pay all applicable Fees and charges, in accordance with the BCPN Bylaws and as otherwise may be assessed'.</p> <p>Applicant's Initials: _____</p>
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<p style="text-align: center;"><b>Inspection</b> (made at the place of business)</p> <p>Inspection Date: _____</p> <p>Inspector Initials: _____</p>
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<p style="text-align: center;"><b>Business Qualifications</b></p> <p>How long in this business? _____</p> <p>Better Business Bureau Rating: _____</p>
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<p style="text-align: center;"><b>Business Insurance Information</b></p> <p>What type of Business Insurance do you carry? _____</p> <p>Do you have proof of Insurance (attach a complete copy of the policy to this form)? _____</p>
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"I, \_\_\_\_\_ have been given a copy of the BCPN By-Laws, which I have read and fully understand. I agree to comply with all current and future BCPN By-Laws, Rules and Regulations."

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_