

MBX Membership Application
Madison Business Exchange

Applicant's Name: _____ Business Name: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Email: _____ Cell: _____

Primary focus of your business: _____

Who would use your services: _____

Business References

Name: _____ Position _____

Business: _____ Phone: _____ Fax: _____

Business relationship: _____

Name: _____ Position _____

Business: _____ Phone: _____ Fax: _____

Business relationship: _____

Please Answer

Are you full or part time in this field? _____

What is your experience level in the field for which you are applying? _____

What is your educational background? _____

Are you able to commit to regular meeting attendance? _____

To which other networking groups do you belong? _____

The mission of MBX is to develop profitable relationships by creating awareness of products and services among the business community.

The vision of MBX is to become a network organization of choice in which to participate within the business community.

The membership of MBX will consider your application, and we ask that you consider the above mission to hold as your own within our partnership.

Signature: _____ Date: _____