

**Details**

**Your Name:** \_\_\_\_\_  
**Company/Trading Name:** \_\_\_\_\_  
**Address Line 2** \_\_\_\_\_  
**Address Line 1** \_\_\_\_\_  
**ABN:** \_\_\_\_\_  
**Line of Business:** \_\_\_\_\_  
**Telephone/Mobile:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Website:** \_\_\_\_\_  
**Invited by:** \_\_\_\_\_  
**Emergency Contact Name:** \_\_\_\_\_  
**Emergency Telephone:** \_\_\_\_\_

**About You and Your Business \***

Do you work full time in your position? \_\_\_\_\_  
 How long have you operated in your current business? \_\_\_\_\_  
 Do you hold all required licenses for your profession? \_\_\_\_\_  
 Are you able to regularly attend our fortnightly meetings?  Yes  No  
 And stay for the full meeting?  Yes  No  
 Are you willing to take a Committee position after your first renewal? \_\_\_\_\_  
 Do you belong to other referral networks?  Yes  No Please list \_\_\_\_\_  
 Will you be able to bring other business associates to BizNet meetings as visitors  Yes  No

\* You can provide additional background information on the reverse of this form if required.

Referee 1	Referee 2
<b>Name</b>	<b>Name</b>
<b>Position:</b>	<b>Position:</b>
<b>Business:</b>	<b>Business:</b>
<b>Phone:</b>	<b>Phone:</b>

**Application Process**

- You may attend two BizNet Shoalhaven meetings as a guest, after which you are required to apply for and be accepted for membership in order to continue attending.
- Once submitted, your application will be assessed by the Committee and you will be notified of the outcome within ten business days.
- The application process involves an interview with one or more Committee members present to assess your understanding of and suitability as a BizNet Shoalhaven member.
- The Committee will contact your referees as part of their assessment.
- The Committee's decision is final.
- Once accepted, your payment is required within seven days and you will be announced as a new Member at the next regular meeting.
- You will also be invoiced for Breakfast & Venue Hire up to the start of the next billing cycle (BizNet Invoices 3 monthly in advance, non-refundable based on \$20 per meeting).
- Please supply your Company Logo for BizNet Business Directory & Marketing Purposes.

**If you have any queries about this Application Form or BizNet Shoalhaven call (02) 4424 5944**

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**Ethics & Values**

I will behave respectfully at all times towards members and their referrals.  
I will follow up all referrals received within 24 hours.  
I will work towards the minimum performance targets for members as set from time to time.  
I will abide by any Code of Conduct or similar professional standards set for my profession.  
I will abide by Biznet policies as amended from time to time.

**Additional Background and Supporting Information**

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**Fees and Payment Options**

One Year Membership = \$300  
3 Months Breakfast & Venue Hire Advance \$ \_\_\_\_\_

Membership fee is non-refundable on acceptance of your application by the Committee.

- 1. Bank: Bendigo Bank  
EFT to: Biznet Shoalhaven Inc  
BSB: 633-000  
Acct: 1576 94092

- 2. Cheque in favour of Biznet Shoalhaven Inc

**Signature**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**BizNet Committee Check**

Interview  Referees  ABN Search

Accept  Decline

Committee Member \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_