

Details

Your Name: _____
Company/Trading Name: _____
Address Line 2 _____
Address Line 1 _____
ABN: (if new/different) _____
Line of Business: _____
Telephone/Mobile: _____
Your Email address: _____
Billing Email address: _____
Website: _____
Invited by: _____
Emergency Contact Name: _____ **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
Name: NA	Name: NA
Position: NA	Position: NA
Business: NA	Business: NA
Phone: NA	Phone: NA

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

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

Fees and Payment Options

One Year Membership = \$350 p/year paid annually.
3 Months Breakfast & Venue Hire @ \$20 p/meeting,
paid in advance quarterly.

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 (if new/different)

Accept Decline

Committee Member _____ Signature _____ Date _____

Committee Member _____ Signature _____ Date _____