

Details

Your Name: _____
Company/Trading Name: _____
Address Line 2 _____
Address Line 1 _____
ABN: _____
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	Name
Position:	Position:
Business:	Business:
Phone:	Phone:

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 \$21 per meeting +transaction fees if applicable).
 - 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.
 I agree to be subscribed to BizNet Email Lists to receive Biznet membership & marketing mailers.*

** The BizNet Shoalhaven (BizNet Shoalhaven or we, us or our) deals with information privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs) set out in the Privacy Act.*

Additional Background and Supporting Information

Empty box for additional background and supporting information.

Fees and Payment Options

One Year Membership = \$350* p/year paid annually in advance. Bank details below. If paying via online via Trybooking +one-off Trybooking Fee (= 50c) p/year.	3 Months Breakfast & Venue Hire paid quarterly in advance via Trybooking online = \$21* p/meeting +one-off Trybooking Fee (= 50c) p/quarter.
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*Membership and Breakfasts fees are non-refundable on acceptance of your application by the Committee.

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

Or 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 _____