

EL DORADO BUSINESS CONNECTION MEMBERSHIP FORM

Business Name: _____

Member Name: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Yrs in current business: _____

Bus. Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Home Address (if different): _____

Home Phone: _____ Birth Date (mo/day): _____

Bz. License No. (if applicable): _____ Bonded/Insured (yes-no-N/A)? _____

Business Category (badge reads): _____

Brief description of your business: _____

Type of business leads that would best benefit your business: _____

Type of business categories that you would best be able to provide leads: _____

Signature: _____ Date: _____

Date voted into membership

Referred by

Check No.

\$ Amount Paid