Greensburg Business Connections
Membership Application

Date _____ Guest of _____

Category _____

Contact Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____ Cell Phone _____

Email _____ Website _____

Years in Business/Years with Company:

Description of Business / Specific Services and Products Offered:
(Please be descriptive)

Attendance is important to develop business relationships and to give/gain referrals.
If approved for membership, are you able to regularly attend scheduled meetings? [Y / N]

TO BE REVIEWD AND COMPLETED BY GBC MEMBERSHIP CHAIR

Notes/Category Constraints/Conflicts: _____

_____

Date Approved: _____ **Membership Chair Initials:** _____