



5800 N 23rd Street, Arlington, VA 20005
MEMBERSHIP APPLICATION

Date: _____ Applicant's Name: _____

Email Address: _____

Business Name: _____ Business phone: _____

Business Address: _____ Business fax: _____

City _____ State _____ Zip _____ Home phone/ cell _____

Describe your product or service: _____

Sponsor name (invited by) _____

Annual membership fee: \$100.00

Check # _____ Amount: _____ Date _____

Next payment due on: _____

Please answer the following questions:

1. What is your experience in this field/ Occupation? _____

2. How long have you been with the company you represent? _____

3. Are you able to make the commitment to attend the weekly meetings? _____

4. What do you expect to contribute to ABCC? _____

5. Do you belong to another networking group? If so, please list _____

Please provide 2 references:

1) Name: _____ Business: _____

Phone: _____ Email address: _____

Describe the business relationship: _____

2) Name: _____ Business: _____

Phone: _____ Email address: _____

Describe the business relationship: _____

I have received a copy of the bylaws Yes _____ No _____

Your signature: _____