

Membership Application



Contact Information	Application Date
----------------------------	-------------------------

Name	Business Name	
Business Address		
City	Province	Postal Code
Business Phone	Cell Phone	
E-Mail Address	Web Address	
Sponsor	Business Category	
Description of Business.....		

Responsibilities of Membership

It is your responsibility to have read the attached bylaws, prior to applying for membership and that you understand and agree to abide by the rules within the document.

Bylaws may be amended periodically for the greater good of the group. Any amendments will not be made without formal approval by the Board of Directors and its elected officers.

Applicant must initial as acknowledgement of this responsibility.....
initial

Membership Costs	
Renewal Membership	\$450.00
New Membership	\$450.00 (may be paid \$300.00 for 1st half year \$150.00 for the 2nd half year).
Breakfast Fees	\$150.00 on the first day of January, April, July and October. First fee being pro-rated for any part quarter

Agreement and Signature

I verify that the information I have recorded on this form is true to the best of my knowledge. In signing this form I am committed to providing quality service, using ethical standards and within all laws and regulations of my profession, and all government legislation. I understand that any falsification of information, breach of Laws or regulations of my profession or government legislation are grounds for Oxwood Connections to open my seat and terminate my participation in the group. Failure to adhere to the Membership Bylaws will be addressed by the Ethics Committee up to and including the opening of the Category and termination from the group.

Failure to pay breakfast dues or yearly fees by the second meeting of the month due, will result in a \$25.00 fine

..... Name (printed) Signature Date witness (printed) Signature
-------------------------	--------------------	---------------	----------------------------	--------------------

Approval of Ethics Committee		Date.....
Approved <input type="checkbox"/>	Committee signatures
Not Approved <input type="checkbox"/>	Printed Names
Comments.....		

Business reference 1

Name	Business Name	
Business Address		
City	Province	Postal Code
Business Phone	Cell Phone	
E-Mail Address		

Business reference 2

Name	Business Name	
Business Address		
City	Province	Postal Code
Business Phone	Cell Phone	
E-Mail Address		