



Flathead Business Group

MEMBERSHIP APPLICATION

Name _____ Referred by _____

Business Name _____ Position/Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Description of your business _____

What is your business background (please be specific)? _____

Please describe the goals you hope to achieve by joining the Flathead Business Group?

What do you believe you can offer the group?

Please list three (3) Business References not members of Flathead Business Group:

1) _____

2) _____

3) _____

Are you a member of any Charitable Organizations such as: Kiwanis Rotary JayCees

Other(s) _____

Are you a member of any Community Organizations such as: Chamber of Commerce

Toastmasters Other(s) _____

Are you a member of any other Networking groups such as: Business Network International

Word of Mouth Other(s) _____

Signature _____ Date _____ Birth Month _____