



Island Business Network Application for Membership

Name	
Business Name	
Address	
Tel Number(s)	
Email address	
Describe your product / services	
How long have you been with this business?	
Member supporting your application	

Referees

Two referees are required who have experience of using your products / services or are otherwise able to confirm your good standing.

1st Referee Name	
Business Name	
Business relationship	
Email address	
Tel & Fax No	
2 nd Referee Name	
Business Name	
Business relationship	
Email address	
Tel & Fax No	

Committee

All members are from time to time expected to help with the running of IBN by joining the committee. The positions of director, secretary, treasurer & network co-ordinator entitle you to 6 months free membership.

Member's commitment

- I accept that attendance is crucial to the success of IBN. I will, so far as possible, attend every meeting.
- If I cannot attend I will try and arrange for a substitute to attend on my behalf. If that is not possible I will notify the secretary.
- I will arrive by 7am and stay for the full duration of the meeting.
- I will provide referrals for the other members and bring visitors to the meetings.
- I will abide by the ethical & professional standards of my trade / profession.
- I will be honest with the members and aim to build trust and goodwill between me and the other members.
- I will follow up the referrals I receive
- I will provide high quality products / services at the prices I have quoted.
- I will, if asked, help with the running of IBN.

I confirm that if successful I will set up a standing order for £30 a month to IBN.

Signed:

Date:

For Committee Use:

References acceptable:

Sponsors comments:

Any other comments:

Recommendation:

Category classification:

Signed:

Director (or Secretary)