



# Membership Application

Thank you for your interest in Commonwealth Business Exchange North.  
Please complete the following information and submit to the President of CBX North.

Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (home) \_\_\_\_\_

FAX \_\_\_\_\_ email \_\_\_\_\_

Business Category (please be specific in designing your primary and secondary market segments.)

Primary Category: \_\_\_\_\_

(Business Description: ) \_\_\_\_\_

Secondary Category: \_\_\_\_\_

(Business Description: ) \_\_\_\_\_

Alternate Representative \_\_\_\_\_

Referred By \_\_\_\_\_

Membership Dues: Paid by individual \_\_\_\_\_ Company sponsored \_\_\_\_\_

I, hereby submit my application for membership and upon acceptance agree to abide by the by-laws.

\_\_\_\_\_  
Signature Date

Penalties for missed meeting: 3 consecutive meetings – warning  
4 consecutive meetings – termination

Attached to CBX membership application is my company profile – including: category, type of business, full description of products or services offered, business clientele served.

Submission of membership application does not guarantee membership acceptance into CBX North. After review of your membership application, you will be contacted by a CBX North Officer.

Thank you for your interest in CBX North.

## Review of Membership Application

(To be completed by the CBX North Officers)

Category \_\_\_\_\_

Date: \_\_\_\_\_

President \_\_\_\_\_ Comments: \_\_\_\_\_

Vice President \_\_\_\_\_ Comments: \_\_\_\_\_

Secretary \_\_\_\_\_ Comments: \_\_\_\_\_

Treasurer \_\_\_\_\_ Comments: \_\_\_\_\_