

# ARIZONA BUSINESS ALLIANCE

## APPLICANT INFORMATION

Firm Name \_\_\_\_\_ Firms years in business: \_\_\_\_\_

Web Address: \_\_\_\_\_ # of employees (published) \_\_\_\_\_

Classification: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business fax \_\_\_\_\_

Is a license, permit or authorization required in your business or profession? \_\_\_\_\_ If yes, please provide the licensing agency name and number \_\_\_\_\_

Provide a brief history of your business, products and services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Representatives Name: \_\_\_\_\_ Years with Company: \_\_\_\_\_ Years in Industry: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Percent of Business Owned \_\_\_\_\_%

What is your role in the Company? \_\_\_\_\_

Do you belong to other leads clubs?  No  Yes; If yes, List: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Company \_\_\_\_\_

What are you expecting from your ABA Membership? \_\_\_\_\_

\_\_\_\_\_

What can ABA expect to gain from you? \_\_\_\_\_

\_\_\_\_\_

How do you anticipate generating leads for ABA? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other business interests: \_\_\_\_\_

\_\_\_\_\_

If this membership application is accepted we agree to abide by all bylaws, policies and procedures of the Arizona Business Alliance. I agree that a credit check may be done on me and /or my business. **Attached are two personal and two business references.** You may use an ABA member as a reference.

\_\_\_\_\_  
Company Office                      Date                      Applicant                      Date

**ARIZONA BUSINESS ALLIANCE**

Sponsor Information Section

Is there a possible classification conflict with another member (Check with President if not sure)?

---

---

What do you know of the business of professional reputation of the proposed member?

---

---

---

What type of business have you done with the proposed member?

---

---

---

Can you, with no reservations, personally recommend and support the proposed member?

---

---

What is your personal relationship with the proposed member?

---

---

How do you see the proposed member benefiting from ABA?

---

---

How do you see ABA benefiting from the proposed member?

---

---

---

How would the proposed representation enhance the harmony and spirit of ABA?

---

---

Additional Comments:

---

---

---

As Sponsor I personally vouch for the ethical and moral character of the proposed applicant and his/her ability to comply with the By-laws and Procedures of the ABA.

---

Sponsor (Print Name)

Date

Sponsor

Date