



COASTAL CONNECT Membership Application

APPLICANT INFORMATION

Name:

Work Phone:

Cell Phone:

Home Phone:

Current address:

City:

State:

ZIP Code:

BUSINESS INFORMATION

Business Name:

Business address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

GETTING TO KNOW YOU

1. Describe your Occupation and your experience at your Occupation:

2. Name Core Business:

3. Education background in Occupation. Degrees, Licenses or Credentials required to perform in this Occupation:

4. Is the occupation under which you are applying for membership a full or part time occupation?



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BUSINESS REFERENCES

Name:

Phone:

Name:

Phone:

DUES

New Members dues are payable by their third meeting. Annual dues of \$200 are due at the first meeting after your application is accepted.

APPLICATION PROCESS

1. A prospective member may attend up to two meetings as a visitor, then must join the group to continue. They will be introduced at their first meeting as a guest by the person they know in the group or the Membership Coordinator. Prospective members will complete this application and submit it to the Coastal Connect Board for review.
2. The Coastal Connect Board completes the screening process and notifies the prospective member of acceptance or non-acceptance before the next meeting.
3. When accepted, the new Member must submit a check for Dues by the first meeting they attend as a Member.
4. The President will announce New Members at their first meeting.

ABOUT COASTAL CONNECT

Mission: "To support and validate each other in achieving our personal and business goals"

1. Meeting schedule: Every two weeks starting promptly at 9am ending at 10am.
2. Attendance requirements: Six (6) absences are allowed per year before a Board review is required. Arriving tardy three times will constitute one absence.
3. Only one member per Core Business accepted into Membership.
4. Inviting Guests to meetings is encouraged. A Guest may attend up to 2 meetings, then must join to continue.
5. Prepare to give referrals regularly and those efforts will be rewarded with great referrals in return!

CODE OF ETHICS

Upon acceptance to Coastal Connect, I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.

1. I will provide the quality of services at the prices that I have quoted.
2. I will be truthful with the members and their referrals.
3. I will build goodwill and trust among members and their referrals.
4. I will take responsibility for the follow up on referrals I receive in a timely manner.
5. I will display a positive and supportive attitude.
6. I will live up to the ethical standards of my profession.

Professional standards outlined in a formal code of conduct for any profession supersede the above standards.

SIGNATURES

I verify the information provided on this form is accurate. I have retained a copy of this application.

Signature of applicant:

Date: