

Membership Application

FSCS

CONTACT INFORMATION

FIRST NAME: _____ Middle Initial: ___ Last Name: _____

YOUR TITLE: _____

Chapter Applying to: **Palm Beach and Broward Group**

COMPANY INFORMATION

Business Category: (what business are you?) _____

Company Name: _____

Business Address:

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ Business License # _____

Email Address: _____

Website: _____

1. REFERRAL INFORMATION

Referred by: _____

2. QUESTIONNAIRE

Please describe your profession and services:

3. IS THIS YOUR FULL-TIME PROFESSION? _____ YES _____ NO

If no, please explain

WHERE DO YOU LIVE _____

4. WHAT AREAS DO YOU AND YOUR BUSINESS SERVICE?

5. HOW LONG HAVE YOU BEEN IN YOUR INDUSTRY?

6. ARE YOU, RESPONSIBLE FOR MAKING DECISIONS WHEN
REQUIRING PROFESSIONAL SERVICES I.E., ACCOUNTANT,
INSURANCE, OFFICE SUPPLIES, PROMOTIONAL ITEMS? YES___
NO_____

If not, who is decision maker? Name:_____

Contact #_____

7. WHAT MEMBERSHIP CATEGORIES DO YOU THINK WILL BENEFIT
YOU THE MOST BY JOINING SFSCS?

8. PLEASE TELL US IN A FEW WORDS THE VALUE YOUR
PARTICIPATION WILL BRING TO THE FSCS GROUP.

10. DO YOU UNDERSTAND WHAT THE COMMITMENT IS TO FSCS
FOR MONTHLY MEETINGS, **REFERRING BUSINESS TO MEMBERS**
IN FSCS, AND GIVING US AT LEAST 100 EMAILS CONTACTS FOR
OUR MAILING LIST_____

And the sharing of advertising costs? Yes_____. No_____.

Signature_____ -Title_____ Date_____