



Sisters-In-Business.Com (SIB) Membership Application

This form allows you to apply to join Sisters-In-Business.Com. It also is a survey to help build your business.

Please provide the following personal information:							
First Name							
Last Name							
Middle Initial							
Date of Birth (mm/dd/yyyy)							
Sex Male Female							
Please provide the following business contact information:							
Name							
Title							
Organization							
Street Address							
Address (cont.)							
City							
State/Province							
Zip/Postal Code							
Country							
Work Phone							
Home Phone							
FAX							
E-mail							
URL							
Please describe your business and products/services.							
Would you be interested in presenting your business, product, or service during "Marketing Minutes" at SIB meetings? Yes No							
Please rate your business' performance using the following criteria and scale 1-10. 10=Best.							
Business Growing:	Customers: Business Contacts/Relationships: Products/Services						
Business Training:	Networking: Marketing: Advertising: Sales:						
Please select any of the following Youth Employment Solutions your company can share in.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Youth Training</td> <td style="width: 50%;">Internships</td> </tr> <tr> <td>Job Coops</td> <td>Apprenticeships</td> </tr> <tr> <td>Job Shadowing</td> <td> </td> </tr> </table>	Youth Training	Internships	Job Coops	Apprenticeships	Job Shadowing		
Youth Training	Internships						
Job Coops	Apprenticeships						
Job Shadowing							
Please check the type of application you wish to make.							
Choose SIB Membership ONLY Fee: \$100/year							
Payment Amount: Please circle below type of payment you are making.							
Cash Check Master Card Visa American Express Pay Pal (Online only)							
Credit Card #	Expiration Date Signature						



Fees for 1-year membership and all the benefits found on SIB Member Benefits sheets are outlined below, based on tier-levels for number of years business has been in service.*

Youth In Business \$25.00

Sisters In Business:

0-7	\$195.00
8-10	\$250.00
10+	\$300.00
15+	\$350.00

*Fees are subject to change.

I, _____(print), hereby subscribe to the 1 year membership of Sisters-In-Business.Com,

on this day _____ of month _____ in the year _____ based on my _____ number of years in

business as a (check one) _____ for profit _____ non-profit, _____ youth entity in businesses.

Amount Paid: \$ _____

Paid by: Check# MasterCard Visa Discover PayPal Money Order
Cash

Credit Card Number _____

Print Name _____

Signature _____

*All applications are subject to review and approval.

Please return to:

SIB
ATTN: Tekelia C. Kelly
P. O. Box 25548
Chattanooga, TN 37422-5548

For more information, please call 423.421.5646, or visit our websites at sisters@sisters-in-business.com and sistersinbusiness.net. Thank you!

Office use only

SIB Managements _____ Title _____

Date Payment Received by _____ Date _____

Application Processed by _____ Date _____

Data Entry by _____ Date _____

Notes.