



Kearney Business Group Application for Membership

Name: _____

Business Name: _____

Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name of Sponsor: _____

Please answer the following questions in as much detail as possible.

1. Experience in your profession: _____

2. Education in your field: _____

3. What do you feel you could contribute to the group: _____

I understand the annual fee of \$100 is non-refundable and I hereby agree to abide by the rules and policies of the Kearney Business Group. I agree that during my membership in the group, I will display a commitment to the following:

Core Values: Acceptance, Camaraderie, Commitment, Education, Professionalism

Mission: Kearney Business Group consists of professional business owners committed to strengthening the community and building its members' businesses through education, camaraderie, and referrals.

Vision: Our vision for the future is to positively impact the community we serve by mentoring business partners, increasing referrals, and growing membership.

Signature: _____ Date: _____

For office use only:

Membership accepted by Executive Board Yes No

Date: _____

Annual fee paid on: _____