



Application for Membership

Please complete the following information and attach a check in the amount of **\$50.00** made payable to *The Sarasota Breakfast Club*. **All applicants must also attach a photo and business cards.** (*E-mail is the preferred method to receive photos – e-mail to frank@methenymotorsports.com*). All applications will be read to the general membership during two (2) meetings before being presented to the board on the third Wednesday of the month. All pending applications will be considered by the membership on an as needed basis or the fourth Tuesday of every month. In the event your membership is not approved, your check will be returned.

Date _____ Sponsoring Member _____ Member Since (mo./yr.) _____

Name of Applicant _____ Date of Birth _____

Name to appear on nametag _____

Business Name _____ Title _____ Years in Position _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Business FAX _____ E-Mail _____

Cell Phone (optional) _____ Pager _____ Website: _____

Type of Business/Category _____

Business Description _____

Previous Positions/Business _____

Current Other Club/Organization Memberships _____

Professional License(s) _____

What makes your business unique or special? _____

What do you expect to gain from membership? _____

Committees in which you wish to participate: Membership Program Social

The following personal information is used for the Membership Directory and is for the sole purpose of helping our members get to know each other better. Please be as complete as possible.

Marital Status: Single Married Wedding Date _____ Spouse _____ Spouse DOB _____

Children (names & ages) _____

Residence Address _____ City _____ Zip _____

Home phone _____ Fax _____ E-Mail _____

Hobbies/Special Interests _____



Products/Services _____

Business Philosophy _____

Customer Profile _____

Sponsor Report

I have known _____, the applicant, since _____. This applicant will be a valuable addition to the club for the following reasons:

I have reviewed with the applicant: ___ Dues ___ Membership Forfeiture ___ Committees
___ Participation Requirements (60% per quarter)

I believe there is no competitive business category conflict with any other Breakfast Club member as a result of this application.

Sponsor Signature _____

Date _____

Please return application to The Sarasota Breakfast Club Membership Chairman.