



South Kitsap Chamber of Commerce

BEACON APPLICATION

I. Basic Information

Application Date: _____

Applicant's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Business Phone: _____

Mobile Phone: _____

II. Membership Information

Are you a current member of the South Kitsap Chamber of Commerce: Yes No

Position Applying For: _____

Sponsor: _____

III. Experience & Credentials

Profession: _____

Length of Time in Profession: _____ Is this your Primary Profession? _____

Yes No (If no, what is your primary profession: _____)

List any Educational Background, Current Licenses, Degrees, or Other Credentials in this Profession: _____

IV. Standards & Expectations

Do you understand and agree to abide by the Membership Guidelines? Yes No

Are you willing to send a substitute in your place, if you are unable to attend a meeting? Yes No

Do you currently belong to another networking group or organization? Yes No

(If yes, please list:) _____

Have you ever been convicted of a felony? Yes No

(If yes, please provide details): _____

Do you acknowledge that a fee will apply to this membership at an upcoming date, to be determined? Yes No

V. Business References

1. Name: _____ Business: _____

Position: _____ Phone: _____ Email: _____

Business Relationship: _____

2. Name: _____ Business: _____

Position: _____ Phone: _____ Email: _____

Business Relationship: _____