

WEST HOUSTON BUSINESS CONNECTION

"The Connection" Application

| | |
|-------------------------|---|
| Date: | Website: |
| Name: | Email Address: |
| Business Name: | Business Phone: |
| Mailing Street Address: | Alternate Phone: |
| City, State, Zip: | Fax: |
| Business Category: | Membership Committee Get Together: Name: _____ Date: / / |
| Sponsor(s): | Second Get Together: Name: _____ Date: / / |

Application Process

1. Prospective member must attend three (3) meetings as a visitor prior to applying.
2. Prospective members must have four (4) get togethers with one member of the membership committee and one other member of their choice. Neither get together can be with the prospective member's sponsor(s).
3. Prospective member must complete in its entirety and sign the application for membership. Application must be submitted with a check for the full amount of the current annual membership fee. Applicant must sign and submit with the application a copy of the *Ethics and Conduct Expectations, Dispute Resolution and Procedures for Opening a Seat, Meeting Agenda, and Member Agreement*.
4. Once the application and all requirements are submitted the membership committee will complete the applicant screening process to include reviews of the prospective member's references, sponsor's endorsement, both member get togethers, and any trade or professional organization or government supervisory organization (ex: FINRA, SEC, TDI, TAREI, etc).
5. Once complete the membership committee will initiate a vote of acceptance from members via email. After the vote is complete the prospective member will be notified of the result at the membership committee's earliest opportunity (this may take more than a week to complete). New members must have at least a two-thirds vote of acceptance.
6. Once accepted all membership fees are non-refundable.

Application Questions

1. Experience in field or occupation(include number of years and prior employers or experience):

2. Educational background (include degrees, licenses, and any designations):

3. Regulatory bodies, trade or professional organizations, or government supervisory organizations:

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4. Mark the appropriate selection:

- a. This is a Full-time occupation, Part-time occupation
- b. Do you own or are a partner of the business you represent, are employed by the business you represent
- c. Do you belong to any other networking organizations? yes, no
If yes, please list: _____

Business References

| | | |
|---------------|-------------------|--------|
| Name: | Company: | Phone: |
| Relationship: | Years acquainted: | Email: |

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|---------------|-------------------|--------|
| Name: | Company: | Phone: |
| Relationship: | Years acquainted: | Email: |

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|---------------|-------------------|--------|
| Name: | Company: | Phone: |
| Relationship: | Years acquainted: | Email: |

I attest that all information provided in this application is correct. I understand that my application conditional on the results of the applicant screening process described above and a membership vote of acceptance. I understand that failure to comply with the ethics, conduct, and dispute resolution expectations as described in the applicable documentation can result in the opening of a member’s seat.

Signature

Date

Membership committee use only:

| | |
|--|--|
| Membership fee collected: \$ ____:____ | Sponsor endorsement: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Membership Committee get together endorsement: <input type="checkbox"/> yes <input type="checkbox"/> no Comments: | Member get together endorsement: <input type="checkbox"/> yes <input type="checkbox"/> no Comments: |
| References Comments: 1. 2. 3. | Regulatory bodies, trade or professional organizations, or government supervisory organizations checked: <input type="checkbox"/> yes <input type="checkbox"/> no Comments: |
| Member Vote Result: For ____ Against ____ Abstain ____ | Membership Committee Member Name: |