



The Hive

Honey Fueled Network.

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

| | | |
|-----------------------------|----------------------------|---------------------------|
| First Name: | | Middle Initial: |
| Last Name: | | |
| Phone #: (____) ____ - ____ | Cell #: (____) ____ - ____ | Fax #: (____) ____ - ____ |
| E-Mail: | Website: | |
| Company Name: | Title/Position: | |
| Mailing Address: | | |
| City: | State: | Zip Code: |

QUESTIONNAIRE

| | | |
|--|----|------------------------------------|
| Hive Mentor (who introduced you to the Hive): | | 1 st Hive meeting date: |
| Official Hive Category: | | |
| How long have you been working within your industry? | | |
| What three (3) industries do you <i>refer</i> business to most frequently? | | |
| 1: | 2: | 3: |
| What three (3) industries do you <i>receive</i> business from most frequently? | | |
| 1: | 2: | 3: |
| How important is networking to the success of your business (scale: 10 – very important; 1 not important): | | |
| What are your projected revenue goals for this upcoming year? | | |
| What excites you the most about your business? | | |
| | | |
| What differentiates you from your competition? | | |
| | | |
| How do you plan to become an asset to the Hive? | | |
| | | |
| What other networking groups are you a current member of? | | |



The Hive

Honey Fueled Network.

MEMBERSHIP AGREEMENT

| | |
|---|-----------|
| I understand that, provided I have attended a minimum of three (3) regular weekly meetings of the Hive, acceptance of my membership is subject to the review and approval of my application, an office visit and a majority vote of the Hive Members. | Initials: |
| I agree that if I am absent from three (3) consecutive Hive meetings, then my membership to the Hive may be terminated, and that arriving late or leaving early will not be tolerated and will be deemed an absence. | Initials: |
| I agree to notify the President and/or Vice President in advance of any Hive meeting if I am unable to attend. | Initials: |
| I acknowledge and agree that my attendance to the Hive's Quarterly Mixer is mandatory, and my absence will result in a \$5 failure to appear fee. | Initials: |
| I agree to act, dress and conduct myself as a business professional. | Initials: |
| I agree to support each member of the Hive, to invite guests to regular meetings and encourage them to join. | Initials: |
| I agree to mentor at least one (1) new Hive member per year of membership. | Initials: |
| I agree to provide at least one (1) referral per week to another Hive member and if I fail to do so, I agree to pay \$1 each week for each week that I fail to provide a referral, and further that my membership may be terminated by the Board if I fail to provide six (6) referrals per calendar quarter. | Initials: |
| I agree to refer the same work I've referred in the past most frequently to a Hive member when possible. | Initials: |
| I warrant that I work full-time within my Official Hive Category, and I agree to only represent my Official Hive Category within the Hive and to its members. | Initials: |
| I represent & warrant that I have all required licenses and/or insurances policies, as necessary, in order to work within my Official Hive Category, and that such licenses and/or insurances policies are current and in good standing. | Initials: |
| I agree to adhere and continuously comply with the Hive's Bylaws and any amendments thereto. | Initials: |
| I understand that I may be asked to serve on the Board or one of the Hive's committees and I agree to serve such position to the best of my ability. | Initials: |
| I agree that, if requested by the Board, I will terminate my membership with any other referral based networking groups that I am a member of. | Initials: |
| I understand that the information on this application will be used by the Hive when considering and voting on my membership. | Initials: |
| I understand that if I resign from the Hive or if my membership is terminated by a majority of the Board of Directors, my membership and renewal dues are non-refundable. | Initials: |
| I understand that, if my application is approved and I am voted in as a member of the Hive, I will be responsible to pay membership dues in the amount of \$250 per calendar quarter with my payment to be made prior to the second meeting of the quarter, and I further agree that my initial membership dues will be prorated. | Initials: |

SIGNATURE

My signature below attests that I have read and fully understand and agree to the above statements, fee structure, membership requirements, and that the information I have provided within this application is true and accurate to the best of my knowledge.

Signature of applicant:

Printed name of applicant:

Date: