



## Applicant Questionnaire

Name: \_\_\_\_\_ Category: \_\_\_\_\_ Date: \_\_\_\_\_

1. What expectations do you have from being a member of AmSpirit Business Connections?  
\_\_\_\_\_

2. Describe your business and how you gain new customers/clients.  
\_\_\_\_\_

3. AmSpirit Rules & Regulations require each member to give 2 referrals per month. In what ways will you be able to fulfill this obligation?  
\_\_\_\_\_

4. Members may not have 2 consecutive unexcused absences or miss more than 3 meetings in a quarter. Are you willing to commit to regular attendance at meetings? \_\_\_ YES \_\_\_ NO

5. Since the purpose of AmSpirit is to broaden our Spheres of Influence and gain more referrals, can you think of other prospective members who you would want to invite to a meeting?

Please describe them and their respective businesses. \* Required

Prospect	Description of Business

6. Will your company (Employer and Staff) support your active participation in AmSpirit Business Connections? \_\_\_ YES \_\_\_ NO

7. When my application for membership is approved, I agree to the following:

a. to **follow up** on referrals I receive within **24 hours** \_\_\_\_\_ (initials)

b. to **attend meetings** on a regular basis \_\_\_\_\_ (initials)

c. to **pay meal fees and membership dues** in a timely manner \_\_\_\_\_ (initials)

d. to **bring guests** to meetings (at least 1 per quarter) \_\_\_\_\_ (initials)

e. to **give a minimum of 2 referrals monthly** (average 2 per month ) \_\_\_\_\_ (initials)

f. to **attend the AmSpirit new member orientation** session \_\_\_\_\_ (initials)

g. **my membership may be terminated if I fail to comply with AmSpirits Rules & Regs.** \_\_\_\_\_ (initials)

