

LABAT MEMBERSHIP APPLICATION

Date: _____		LABAT Group Name: _____	
Applicant's Name		Business Phone: ()	
First: _____	Last: _____		
Business Name: _____			
Business address: _____			
City: _____		State: _____	ZIP Code: _____
Web Site Address: _____			
E-Mail Address: _____			
Home Phone: ()		Cell Phone: ()	
Describe Your Profession and Products or Services (based on your Chamber application category, be specific): _____ _____ _____			
Sponsor's Name		Business Phone: ()	
First: _____	Last: _____		
Membership Committee Only:			
Accepted: _____		Date: _____	
Rejected: _____		Date: _____	
Group Assignment: _____			
Group Meeting Date & Time: _____			
Comments: _____ _____ _____			

The following Code of Ethics is provided to ensure that all LABAT groups and members are respectful, productive, team oriented and consistent, so the group is successful.

1. I commit to actively support and promote fellow member businesses by providing qualified referrals.
2. I commit to follow-up on all referrals received in a timely and professional manner.
3. I commit to provide the products and services to the referrals I receive as quoted and on-time.
4. I commit to invest my time via one-on-one meetings with fellow members to achieve a working relationship, meaningful knowledge of members' business, and understanding of the referrals members are interested in receiving.
5. I commit to attending LABAT meetings as scheduled, arriving on time and staying until referrals have been passed. I understand that my category of business is valuable and that upon a fourth absence without proper representation I will be excused from the group. I understand that I will not be eligible to reapply until the current Board's six month term is over.
6. I commit to actively support and promote fellow member businesses by providing a minimum of 1 qualified lead, referral or support of action per meeting (2 per month).
7. I commit to be a member in good standing with the LACC, meaning my membership dues will remain up-to-date during my tenure in the LABAT networking group.
8. I will display a positive and supportive attitude toward the LABAT group and the Lakes Area Chamber of Commerce.
9. I will live up to the ethical standards of my profession.
10. All formally signed and submitted complaints received by the LABAT President will be forwarded to the LACC Executive Director who will submit them to the LACC Board of Directors for resolution.

Signature of Applicant: _____

I have attended orientation and received a copy of the LABAT By-laws and Guidelines.

Signature of Applicant: _____ Date: _____