



MEMBERSHIP APPLICATION

Please Mail or Fax to:

Dr. Ken Osborn
South Florida Chiropractic Centres
111 N.W. 183 Street, Suite 300
Miami, Florida 33169
Fax: (305) 652-8413

Date: _____

Applicant's Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Fax: _____

Email: _____

1. Company Name: _____

2. Sponsor: _____

3. Describe your products & services in detail:

4. Your Title: _____

5. Do you have a 50% or greater ownership interest in the company? _____ (if yes, you may skip sections 6 & 7)

6. Describe your job responsibilities in detail:

7. Do you have the budget authority to (Yes or No):

A. Select and hire an accounting firm? _____

B. Contract for legal services? _____

C. Determine marketing activities? _____

D. Purchase business insurance? _____

8. Years the company has been in business _____

9. Are you willing to attend each meeting? _____

10. Are you willing to send an alternate when you cannot attend a meeting? _____

11. Are you capable of and willing to generate referrals for group members? _____

12. Please provide a business reference:

Business Name: _____

Business Contact: _____

Phone: _____

- Registration fee: \$250.00 (one time)
- Dues: \$60.00 per month (includes breakfast)

I REPRESENT THAT THE INFORMATION I HAVE PROVIDED HEREIN IS TRUE AND CORRECT.

UPON ACCEPTANCE INTO THE DADE BROWARD BUSINESS COUNCIL, I AGREE TO ABIDE BY THE RULES, REGULATIONS AND ETHICAL STANDARDS **THAT INCLUDE BUT ARE NOT LIMITED TO.**

1. Members are required to be present by 7:15 am each Wednesday morning and stay for the duration of the meeting (the "Attendance Requirement."). Failure to receive notice of a meeting is not an excuse for absence.
2. If a member is unable to attend a meeting he/she (at least one day prior to the meeting) should:
 - ▶ Notify Ken Osborn, (305) 652-8401 that he/she will not be attending.
 - ▶ Advise Ken of a suitable member of his/her organization who will attend in his/her place. These substitutes must be professionals within the member's organization.
3. Dues are payable within 7 days of receipt.
4. The association reserves the right to cancel the membership of members who:
 - ▶ Fail to meet the Attendance Requirement two meetings in a row, or two times within a four-week period (and did not provide a suitable substitute); or
 - ▶ Are 30 days or more past due in their membership fees; or
 - ▶ **Fail to generate adequate business for group members. (The determination of adequate business generation shall be made by the Executive Council whose decision shall be binding.)**
5. Terminated members shall not be entitled to any refunds of monies paid to the association.

SIGNATURE: _____ **DATE:** _____