



**PROSPECTIVE NEW MEMBER QUESTIONNAIRE**

(Use the back side of this page for additional space. All information will be shared with the membership)

Oregon Corp. Division Business Registry # \_\_\_\_\_ CCB# \_\_\_\_\_

1. Business Name: \_\_\_\_\_ eMail: \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Your Name: \_\_\_\_\_ PH#: \_\_\_\_\_
4. Owner(s) or Principle's Name(s): \_\_\_\_\_
5. How long as the company been in business in this area? \_\_\_\_\_
6. How long have you worked with this company? \_\_\_\_\_
7. Is this your full time occupation?  Yes.  No, Explain: \_\_\_\_\_
8. Are you a franchise? Multi-level / network marketing? \_\_\_\_\_
9. Do you own the company, an officer, or are you an employee of the company? \_\_\_\_\_
10. Are you insured / bonded / licensed to operate? \_\_\_\_\_
11. In what city or town do you reside? \_\_\_\_\_
12. Is the business address a retail or a residential location? \_\_\_\_\_
13. What are your products or services? \_\_\_\_\_
14. What are your sales or service areas? \_\_\_\_\_
15. How many employees are in this business/company? \_\_\_\_\_
16. What does your company specialize in? \_\_\_\_\_
17. Are there any limitations to the products or services you provide? \_\_\_\_\_
18. What are your hours/days of operation? \_\_\_\_\_
19. How can our members best refer business to you? \_\_\_\_\_
20. How are you going to refer business to our members? \_\_\_\_\_
21. Will your company offer discounts to Networks members? \_\_\_\_\_
22. Why does your company want to become a Networks member? \_\_\_\_\_
23. Do you have other business/companies in mind to recommend joining Networks? List:  
\_\_\_\_\_
24. Are you prepared to grow your company and hire more employees as your business grows?  
\_\_\_\_\_
25. Who will be attending the Networks meetings? \_\_\_\_\_
26. Do you have an alternate person to attend if you cannot be present at a meeting? \_\_\_\_\_
27. Does the scope of your business conflict with any other categories? If yes, which ones?  
\_\_\_\_\_
28. What is your job experience? Do you hold any special degrees? Have you had special training?  
\_\_\_\_\_
29. Does your company or any of its employees belong to any other networking groups? If yes, list:  
\_\_\_\_\_
30. Have you or any owner of the business ever been convicted, pled guilty, or pled no contest to any felony in state or federal court? \_\_\_\_\_
31. In the last 3 years have any criminal charges been filed against you or any owner of the business in any court of law? \_\_\_\_\_
32. Have you or any owner of the business filed bankruptcy within the last 3 years? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_