

# CENTRAL FLORIDA BUSINESS FORUM

www.cfbf.net

## MEMBERSHIP APPLICATION

The CENTRAL FLORIDA BUSINESS FORUM is a Business-to-Business member organization and a forum to network in a professional atmosphere. Sales professionals and business owners that sell PRIMARILY or totally to business enterprises are invited to apply. The group provides a resource of information for business professionals on topics of common interest. Through active participation, members can promote their own businesses, give presentations, increase their visibility and exchange referrals.

### **IMPORTANT Please read the membership procedures and guidelines:**

1. The first year membership dues are \$200.00 or \$120.00 per six months if paid in two payments. Subsequent year's dues are currently \$125.00 per year.
2. Attendance is very important. You must be committed to weekly meetings.
3. We allow one business representative per category. Your business must not conflict, or compete with any other member in the group. You may only apply for one open category. When approved, that becomes your 'protected' category.
4. If there is a conflict of business interest the current member will decide on new member acceptance if the new member's business infringes on the current member's 'protected' category.
5. Membership is awarded on an individual basis, not as a corporate membership.
6. Membership is not transferable to anyone else.
7. CFBF reserves the right to decline membership to any individual or company based on the business needs of the membership.
8. Prospective members must read and agree to the CFBF General Policies.

#### **MEETING PLACE:**

CFBF - North  
Storr Office Environments  
2315 Lynx Lane  
Orlando, FL 32804

Thursdays, 7:30 to 9:00 AM

#### **CONTACT:**

Steve Kemper, Chairperson  
407-841-0022  
E-Mail: [stevek@s-markusa.com](mailto:stevek@s-markusa.com)

Abdi Ghaemmaghami, Co-  
Chairperson

407-599-6522  
E-Mail: [aghaemmaghami@storr.com](mailto:aghaemmaghami@storr.com)

#### **MEETING PLACE:**

CFBF - South Orlando  
Orlando Business Development Center,  
District 2  
3218 E Colonial Drive, Suite G  
Orlando, FL 32803

Wednesdays, 7:30 to 9:00 AM

#### **CONTACT:**

Steve Kemper, Chairperson  
407-841-0022  
E-Mail: [stevek@s-markusa.com](mailto:stevek@s-markusa.com)

Pete Webb, Co-Chairperson  
407-295-0636

E-Mail: [pete.webb@beltmann.com](mailto:pete.webb@beltmann.com)

**Part I** APPLICATION PROCESS (Please Read Carefully)

A prospective member may attend two meetings as a visitor. Prospective members then complete this application and submit it with a check to the Chairperson for review.

The Chairperson or Membership Committee completes the screening process and notifies member of acceptance or non-acceptance before the next meeting.

**Part II** (PLEASE ANSWER ALL QUESTIONS COMPLETELY)

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

Applicants Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Classification: \_\_\_\_\_

Description of your product or service: \_\_\_\_\_  
\_\_\_\_\_

How long have you (personally) been doing this business in Orlando/Central FL?: \_\_\_\_\_

How long have you been with the company you are representing?: \_\_\_\_\_

What do you expect to be able to contribute to the group: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will be your major source of leads and referrals?: \_\_\_\_\_  
\_\_\_\_\_

Approximately what percentage of your selling time and effort is focused on selling to businesses versus consumers and/or individuals?  
\_\_\_\_\_

What other networking groups do you belong to?: \_\_\_\_\_  
\_\_\_\_\_

Are you able and willing to make the commitment to arrive at our weekly meetings no later than 7:30 AM and stay until 9:00 AM, and are you willing to abide by the CFBF General Policies?:

\_\_\_\_\_

Do you have one or more individuals who would be able to attend meetings on your behalf, should you be unable to attend?:

\_\_\_\_\_ If so, who?: \_\_\_\_\_

**Part III** BUSINESS REFERENCES

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Relationship: \_\_\_\_\_

*I have read and will abide by the General Policies of the CFBF.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_