



island business affiliates, inc.

“Where to go to get it done”

2016 MEMBERSHIP APPLICATION

Date: / /2016

ATTACH BUSINESS CARD >



1. DESCRIPTION OF PRIMARY Business, Product or Services: \_\_\_\_\_

Other Services offered: \_\_\_\_\_

2. Years of experience in the industry: \_\_\_\_\_

If less than 1 year, what were you doing before? \_\_\_\_\_

3. How can IBA benefit from your membership? \_\_\_\_\_

4. Who would your power partners be? \_\_\_\_\_

5. What other networking groups and/or Professional Associations do you belong to? \_\_\_\_\_

No conflicts with groups of single industry.

6. What kind of client base are you seeking? \_\_\_\_\_

\*\*\*\*\*Attach a copy of your sales brochures\*\*\*\*\*

Referred by: \_\_\_\_\_

Complete Membership Profile on page 2

Interviewed by Board Member - 1: \_\_\_\_\_ 2: \_\_\_\_\_

Is there a member business conflict?: YES NO Action: \_\_\_\_\_

PLEASE PRINT