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## SW Florida Business Alliance Membership Application

Date: \_\_\_\_\_ What industry would you like to be listed? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Alliance member who introduced you: \_\_\_\_\_

Please describe the mission/nature of your business and industry: \_\_\_\_\_

How long have you lived in Lee County? \_\_\_\_\_

What other clubs or organizations do you belong to? \_\_\_\_\_

What are your motivations for joining Alliance? \_\_\_\_\_

**References:** (1) Personal and (2) professional (Name, Address, Phone)

Personal \_\_\_\_\_

Professional \_\_\_\_\_

Professional \_\_\_\_\_

How many years have you been doing your industry? \_\_\_\_\_

Were you doing business in another state prior to Florida? Yes / No If so, where? \_\_\_\_\_

How long has your particular company been in business? \_\_\_\_\_ In Lee County? \_\_\_\_\_

How many current full time employees does your company have? \_\_\_\_\_

Please fax form to: (239) 790-0912 or send to PO Box 101183, Cape Coral, FL 33910

*Please list any other business you would like to introduce to the group on the back of this form. Thank You.*



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**REFERRALS:**

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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**THANK YOU.**

**For Office Use Only:**

Date Applied: \_\_\_\_\_  
Confirmed Category: \_\_\_\_\_  
Background Check Done: \_\_\_\_\_

Date Approved by Committee: \_\_\_\_\_  
Date Approved by Membership: \_\_\_\_\_  
Date Received Membership Funds: \_\_\_\_\_  
(Date of official entry)