

**Black Business Network  
of Orange County**

**Membership Application**

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

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

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

\_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Add:** \_\_\_\_\_

**Description of Business:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Target Market:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Best Referral Sources:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Joining BBN-OC**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide the contact information for at least two client references.**

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**How long have worked in this industry?\_\_\_\_\_**

**How long have worked/owned this company?\_\_\_\_\_**

**Does this company represent your core source of income?\_\_\_\_\_ If not, what other business or job do you have?\_\_\_\_\_**

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Please submit a completed application along with a check for \$300 to an executive committee member or the membership committee. You will be notified of our decision within 5 business days of your submission of a complete application. Your check will not be deposited until your application has been approved and accepted.