

Business:		Go to person:	
Address:		Your Direct #:	
Work:	Cell:	Fax:	
Web Address:		E-Mail:	
Position:	For how long?	Occupation: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

Suggested Description of Product/Service as it will appear on the Directory/Web:

Licenses/Certifications/Boards (Please specify):
 Attach relevant paperwork: City/County/State license(s) Insurance(s) Certification(s) Bond(s) Business Card

Insurance Provider: Policy #: Coverage Dates:

Business License #: Expiration Date:

Related Experience & Background (attach additional page(s) if necessary)

Past Experience in Field/Occupation:

Your Education/Background in Field/Occupation:

Have you ever been convicted of a felony or have their ever been any successful judgements or lawsuits against your company? Yes No
 Please explain:

References

Name	Phone	Email

I authorize the verification of the information provided on this form. By signing below, I verify that my business meets and will abide by the code of ethics. It is my due diligence to bring it to the attention of the board of directors if I at any time my business fails to meet any of the requirements to be a member of Golden Providers. Membership may be subject to termination if I fail to meet any of the following or have a breach in coverage. I have retained a copy of this application for my records.

Golden Providers Requirements of Membership:

- Business/Professional License
- Active Business Insurance
- In good standing with the Better Business Bureau

Signature of applicant: Date:

For office use only:

Verified Information: Membership Approval: Yes No Date of Approval: