

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) Certification(s) Business Card

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, 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:
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For office use only:

Verified Information:	Membership Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Approval:
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