

BGE MEMBERSHIP APPLICATION

PART 1 (PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS)

Last Name :	First Name :
Business Name :	
Business Address :	
Post Code :	E-mail address :
Business Telephone :	Business Fax :
Home Telephone :	Mobile Telephone :
Sponsor's Name :	NIE/NIF/CIF No :
Category applied for :	
Describe your product/service :	
Experience in profession/trade :	
Education/Qualifications pertaining to your profession/trade :	
Do you belong to any other networking organisations : <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes' please list :	

PART 2

I have attached a copy of my trading license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have attached copies of certification pertaining to my trade/profession	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have attached my one-off registration fee of €100.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have attached my annual membership fee of €150.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART 3

I hereby agree to comply with the Code of Ethics, General and Administrative Policies of Business Group España

.....
Signature/...../.....
Date

The Board of Directors will review your application and inform you of your acceptance/non acceptance prior to the next meeting

UPON YOUR ACCEPTANCE TO BGE, FEES ARE NON-REFUNDABLE

En cumplimiento de la normativa vigente en materia de Protección de Datos Personales, le informamos de la incorporación de sus datos de carácter personal, imprescindibles para la prestación de los servicios que nos ha solicitado, a nuestros ficheros inscritos en la Agencia de Protección de Datos a nombre de BUSINESS GROUP ESPAÑA.

Podrá ejercer sus derechos de acceso, rectificación, cancelación y oposición dirigiendo una carta a nuestro domicilio fiscal.

CODE OF ETHICS

1. I will follow up on all the referrals I receive
2. I will be honest and truthful with the members and their referrals
3. I will work towards building quality relationships and help others as they help me
4. I will provide the quality of service for the prices I quote
5. I will endeavour to work by the ethical standards of my profession
6. I will comply with the General Policies of Business Group España

Please hand this completed form and your remittance to the Membership Secretary

REFERENCES

Name :	Business Name :
Position :	Telephone No :
E-mail Address :	Fax No :
Business Relationship :	
Name :	Business Name :
Position :	Telephone No :
eMail Address :	Fax No :
Business Relationship :	

BOARD OF DIRECTORS USE ONLY

Verified information and references :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Method of payment :	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
Verify the amount is the same on the application and cheque :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The application and cheque is signed and dated :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments :		
Application accepted :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If application declined, state reasons :		
..... Authorised signature of Business Group España/...../..... Date	

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