



## Membership Agreement

### I. BASIC INFORMATION

Application Date: \_\_\_\_\_

Applicant's Name:      First                      Last

\_\_\_\_\_

Business Name:

\_\_\_\_\_

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

\_\_\_\_\_

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

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

Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

### Position Applying For:

Industry: \_\_\_\_\_

Professional classification (please list 3 areas of business focus, in order of priority):

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

### II. MEMBERSHIP

Annual Membership Dues (\$40)

Payments must be made payable to Capital Connections Group. Renewals are due by the 2<sup>nd</sup> meeting of the calendar year.

Total Enclosed: \_\_\_\_\_

Mail to: Denis Stankowski  
My Money Tax and Accounting  
4702 Agate Ln  
Madison, WI 53514

### III. Experience & Credentials

1. List professional memberships / designations

\_\_\_\_\_

2. Length of time in Professional Classification

\_\_\_\_\_

3. Has your professional license ever been revoked or suspended? (Circle)      Yes      or      No

### How did you hear about us?

Guest of a member (name)

\_\_\_\_\_

Website

Past member

Other \_\_\_\_\_

### IV: STANDARDS AND EXPECTATIONS

NOTE: Please e-mail a short biography to the current group President and a photo for the website. (Please visit <http://www.capitalconnectionsgroup.com/meet-our-members.html> for bio examples)

I have read and understand the Capital Connections Group's Guiding Principles (found on the website homepage) and am willing to commit to these guidelines.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_