

Fairfield County Business Connections Application

Date: _____

Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Fax Number: _____

Description of Business, including product or service offered:

Will you give honest, caring valuable products or services to referrals?	Yes	No
Will you bring leads to the group?	Yes	No
Do you work full time?	Yes	No
Do you agree to stay for the full meeting when able to attend?	Yes	No
I will find a substitute when unable to attend?	Yes	No
Do you belong to another lead network group?	Yes	No

Quarterly facility fees are **\$60.00** made payable to **cash**.

Minimum Annual Membership fee of **\$160.00** will be paid to **Rowayton Library**.

Please supply **2 References** which we may call.