



Business Mastermind Network Mobile

I. GENERAL INFORMATION

MEMBERSHIP APPLICATION

Date _____ Applicant's Name: _____
Business Name: _____ Business Address: _____ City: _____ St Zip: _____
Business Phone: _____ Mobile Phone: _____ Website: _____ Email: _____

What Do You Need Help with Today?

II. EXPERIENCE & CREDENTIALS NOTE: You may attach a resume or biography for additional information.

- 1. Experience in industry or profession (be specific): _____
- 2. Length of time in industry or profession _____
Length of time in business (Two years in business required): _____
- 3. What Skills or Expertise Do You Bring to the Group?
- 4. Educational background in profession or Degrees, current Licenses or Credentials required to perform in the above profession (list school/ state and/or business/state): _____
- 5. Is the profession or company under which you are applying for membership your primary occupation? Yes No

III. STANDARDS & EXPECTATIONS

- 1. Are you able and willing to make the commitment to attend the Executive Leadership Orientation Kick-Off Meeting, both arrive to the bi-weekly meetings on time and stay through the 90 minutes, and do you agree to abide by the SUBMNM Member Policies, Guidelines and Code of Ethics? Yes No
- 2. Are you willing and able to send a designee that is familiar with your business, goals and standards of excellence in the event you are unable to attend a meeting? Yes No
- 3. Are you willing and able to support "Hot Seat" business discussions to help others grow, as well as bring referral resources to this network? Yes No
- 4. Do you belong to other mastermind networking organizations? Yes No If yes, please list: _____
- 5. Have you ever been convicted of a felony? Yes No If yes, please provide details and year: _____

IV. TERMS & AGREEMENTS

By submitting this Application, you agree to receive communications from or relating to VisionSpot Consulting, LLC (VSC) and further agree that VSC may share your information and any other information and material you provide with other SUBMNM members, affiliates, vendors, and third parties in order to provide you leads and services as a SUBMNM and will not be sold. My signature below, hereby authorizes the VisionSpot Consulting Group, SMB School of Leadership Business Mastermind Network and its affiliates to use the image of me. I understand that the usage of the photographs, videos, and audio recordings includes, but is not limited to: conference presentations, educational presentations or courses, informational presentations, online business education courses, business strategy or leadership educational videos, promotion of the Network, and any other usage as deemed fit by VisionSpot Consulting Group, LLC and the SMB School of Leadership Business Mastermind Network.

ARBITRATION. All disputes arising out of or relating to this Agreement or the member's participation in SUBMNM shall be resolved by binding arbitration in accordance with the laws of the State where the applicant's SUBMNM Chapter is located. The Arbitration shall be subject to the Rules of the American Arbitration Association. The clause encompasses any and all disputes involving SUBMNM, its franchisee, and their officers, directors, employees, agents and representatives, as well as members, provided that the disputes pertain to membership or participation in SUBMNM.

LIMITATIONS OF LIABILITY. Notwithstanding any other provision of this Agreement, any liability to you involving SUBMNM, its franchisee, and their officers, directors, employees, agents and representatives for any cause whatsoever arising out of or related to this Agreement and/or membership or participation in SUBMNM, and regardless of the form of the action, will at all times be limited to the amount of the annual membership fee paid by you for membership in SUBMNM. Except in Jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages. No actions hereunder may be commenced unless brought within one (1) year of accrual.

TERM. All term fees are measured from the application date. Applications dated between the 1st and the 15th of the month shall begin their term on the 1st of the month. Applications dated after the 15th of the month shall begin their term on the 1st of the following month. Terms run one (1) year from the date the term begins.

CERTIFICATION. I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false

statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination at franchisee's or SUBMNM's discretion without any reimbursement. I further understand that my membership is conditional and I agree, accept and will abide by all the terms and conditions set forth herein and those contained within the SUBMNM Member Policies, Guidelines and Code of Ethics, all of which I have had the opportunity to review upon request or received upon induction. I acknowledge that breach of these terms, conditions, and policies shall be grounds to terminate my membership. I understand and agree that **UPON ACCEPTANCE, FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION.**

APPLICANT'S SIGNATURE

DATE

PRINT NAME CLEARLY

V. SUBNM CODE OF ETHICS

Upon acceptance to SUBNM, I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.

1. I will make time available to make progress.
2. I will display a positive and supportive attitude.
3. I will do my due diligence in ensuring a safe space where members can bring their problems, challenges and concerns.
4. I will be open to providing and receiving specific constructive feedback and council from the rest of the group.
5. I will take responsibility for following up on the resources and referrals I received.

VI. MEMBERSHIP OPTIONS

VII. APPLICATION PROCESS

1. Prospective members must complete this application and submit it to VisionSpot consulting Group, LLC at info@vsleadership.com for review.
2. The program President will review your application and inform you of your acceptance or non-acceptance.
3. The President announces new members at the Executive Leadership Orientation Kick-off Meeting following acceptance and receipt of payment.
4. Upon acceptance, you are required to attend the SUBNM meetings as scheduled.

Per Member Fee Options

Option 1 \$350.00 | Six Month Membership \$ _____

Option 2 \$575.00 | Annual Membership \$ _____

Total Members _____ **Total** \$ _____

TOTAL ENCLOSED:

Email dr.valerie@vsleadership.com for additional payment options

APPLYING FOR:

Industry: _____

VIII. BUSINESS REFERENCES

1. Name: _____
Position: _____
Business: _____
Phone: _____ Email: _____
Business Relationship: _____
2. Name: _____
Position: _____
Business: _____
Phone: _____ Email: _____
Business Relationship: _____

IX. MEMBERSHIP INTERVIEWER USE ONLY

Date Approved/Declined: _____ President's Signature: _____

Date Applicant Notified: _____ Print Name: _____

Notification to President: Accept Decline

Membership Approved

Industry: _____

Category: _____

Member Accepted Completed