



**BUSINESS EXECUTIVES ORGANIZATION INC.**

433 Hughson St. North – Hamilton, ON L8L 4N4  
905-526-1629 Email: admin@beonetworking.com  
[www.beonetworking.com](http://www.beonetworking.com)

**MEMBER QUALIFICATION STATEMENT**

1. **Classification that you are Applying For:** \_\_\_\_\_

2. **Description of Member Firm’s Classification (25 words or less) to be used on the website:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Business Information:**  
**Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Related Companies (Used to identify parent company, if your firm is a subsidiary):**

**Related Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Representative (who will attend 70% of the time) and Title:**  
\_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Spouse’s Name:** \_\_\_\_\_ **Birthdate (mm/dd)** \_\_\_\_\_

**Alternate (who will attend 20% of the time) and Title:**  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**3a) NOTE: Representative MUST BE a DECISION MAKER**

Would the representative be able to make decisions on the following, please  $\surd$  most appropriate:

	<b>Sole Authority</b>	<b>Authority with Partner</b>	<b>No Authority</b>
<b>Accountant</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Legal Counsel</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>I.T.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Insurance</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Security Systems</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Phone Systems</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Marketing Plan</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Property Management</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**4. Legal Structure of Applicant:**

Years Established: \_\_\_\_\_ Corporation:  Partnership:  Registered:  Sole Proprietorship:  Other:

Business Registration and description: \_\_\_\_\_  
\_\_\_\_\_

Names and Titles of Officers, Partners, Principal, Executives: \_\_\_\_\_  
\_\_\_\_\_

Annual Volume of Business: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_ N/A: \_\_\_\_\_

**5. What Can You Bring to the BEO Membership?:** \_\_\_\_\_  
\_\_\_\_\_

**6. What Do You Expect from the BEO?:** \_\_\_\_\_  
\_\_\_\_\_

**7. REFERENCES: (Name & Address)**

**a) BEO Sponsor:**

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

**b) Business Reference:**

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**c) Client Reference:**

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**d) Financial Institution: \_\_\_\_\_**

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**8. Community/Industry Associations, Activities and Clubs: \_\_\_\_\_**

**9. It is a requirement that a credit check be done on all applicants.**

**Signature:** \_\_\_\_\_

**I have reviewed and understand the information provided by the B.E.O. and declare that the information I have provided is true and correct, to the best of my knowledge.**

**Signature:** \_\_\_\_\_

**Name and Title (Please Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Application must be accompanied by an Initiation Fee of \$300.00, payable to B.E.O. Initiation Fee is fully refundable if application is not accepted.***