



P.O. Box 37083 - Cannon St. E. P.O.
Hamilton, ON - L8L 0A8
905-526-1629 Email: admin@beonetworking.com
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:

3a. 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 a minimum of 40% of the time) and Title:

Home Address: _____

Home Phone: _____ **Cell Phone:** _____ **Email Address:** _____

Spouse's Name: _____ **Birthdate (mm/dd)** _____

Alternate (who may attend up to 30% of the time) and Title:

Home Phone: _____ **Cell Phone:** _____ **Email Address:** _____

3b) Legal Structure of Applicant:

Years Established: _____ Corporation: Partnership: Sole Proprietorship: Other:

Business Number: _____ Registered Business Name: _____

Names and Titles of Officers, Partners, Principal, Executives: _____

Annual Gross Revenue: \$ _____ Number of Employees: _____ N/A: _____

4. NOTE: Representative MUST BE a DECISION MAKER

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

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

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.