



SOUTH SHORE BUSINESS NETWORKING

Linking People to People Through Introductions

www.southshorebusinessnetworking.com

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Application to Join SSBN

Name _____

Business Name _____ Date Started _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Email _____ Website _____

Is this business your () Full-time or () Part-time occupation?

Are you the owner () or Employee () Position _____

How did you hear about SSBN? _____

List your category or categories _____

Describe the services and/or products that you company offers _____

Please list the 2 most important expectations that you want by joining SSBN?

1. _____

2. _____

Disclaimer: This is a not for profit, voluntary organization. We make no promises or guarantees. What you as an individual puts in will directly affect your results. Any potential conflicts will be addressed by the Board of Directors. Application for joining the group does not guarantee membership
Lack of attendance is reason to be uninvited by the Board of Directors.

By signing this sheet, you understand the disclaimer of SSBN.

Name _____ Signature _____ Date _____