

EXECUTIVES' ASSOCIATION OF GREATER MIAMI, INC.

MEMBERSHIP PROPOSAL

Date: _____

| |
|---|
| Sponsored By: _____ Sponsor Firm Name: _____ I have personally/professionally known the (Principals/Firms) for _____ years. |
|---|

Proposed Firm Name: _____

Address: _____

City: _____ Zip Code: _____ Web site: _____

Phone Number:(____) _____ Fax Number: _____ Cell Number: _____

Email (Proposed Member): _____ Email (Proposed Co-Member): _____

| | |
|---|----------------------------|
| <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Home Office <input type="checkbox"/> Branch PLEASE ATTACH A DETAILED DESCRIPTION OF THE PROPOSED FIRM'S COMPLETE CORPORATE STRUCTURE. | Year Established: _____ |
|---|----------------------------|

ADDITIONAL LOCATIONS: _____

Detailed description of the precise nature of the applicant firm's business, including a comprehensive list of the products it sells and/or services it offers - stating its principal product/service & percentage of business this product/service represents to the firm.

| | |
|----------------------------------|----------------------|
| PRINCIPAL PRODUCT/SERVICE | % OF BUSINESS |
|----------------------------------|----------------------|

DESIRED CLASSIFICATION _____

Note: This desired classification is subject to amendment on consideration of the application. **THE DESIRED CLASSIFICATION MUST BE REPRESENTATIVE OF THE MAJOR PORTION OF THE FIRM'S BUSINESS.** As such, those firms dealing in a variety of products or services should be as specific as possible about the desired classification.

ADDITIONAL BUSINESS, LINES, PRODUCTS OR SERVICES THE PROPOSED FIRM REQUESTS FOR INCLUSION IN ITS CLASSIFICATION:

| | |
|-------|---------------------|
| _____ | % of total business |
| _____ | % of total business |
| _____ | % of total business |

Should the proposed firm be recommended to the Board with an amended desired classification, the sponsor and firm will be notified of said amendment prior to submission to the board.

Principals of this firm are (please include titles and ownership interest):

| REPRESENTATIVES: | MEMBER | TITLE | OWNERSHIP % |
|------------------|-----------|-------|-------------|
| | CO-MEMBER | TITLE | OWNERSHIP % |

Does the proposed member representative have influence on purchasing decisions at all levels? **Yes / No**

Total Number of Employees _____ Gross Revenue for the past year _____

Firm's Key Accounts _____

Association members that may currently be customers of proposed firm: _____

List 3 current vendors we may contact for credit inquiries:

_____ Phone #: _____
_____ Phone #: _____
_____ Phone #: _____

Name of Bank used by the firm: _____

INSTRUCTIONS: (TO SPONSORING MEMBER) This membership proposal must be completed in its entirety and attached to your membership proposal letter detailing the reasons why you feel the prospective member firm will enhance the EAGM. Please feel free to include any additional information (advertising material, brochures, etc.), that will assist the Membership Committee in their review of this proposal form.

The Membership Committee meets on the second Tuesday of each month and the Board of Directors meet on the third Tuesday of each month. You will be kept informed on the progress of your membership proposal.

THANK YOU FOR TAKING THE TIME TO PROPOSE THIS FIRM FOR MEMBERSHIP IN EAGM

Only fully completed applications will be submitted for consideration to the membership committee