

MBBA Michigan Business Brokers Association

Membership Application

NAME: _____ CHAPTER (choose one): West Metro
ADDRESS: _____ CITY: _____ ZIP: _____
COMPANY NAME: _____ PHONE: _____
COMPANY ADDRESS: _____ CITY: _____ ZIP: _____
CELL: _____ HOME: _____ FAX: _____
E-MAIL ADDRESS: _____

SPONSORING MEMBER: _____ (if applicable)
Business Reference 1: _____ Phone: _____
Business Reference 2: _____ Phone: _____
Business Reference 3: _____ Phone: _____
_____% of Total Business Activity in Business Brokerage _____ Years in Business Brokerage

Occupation Categories: (Select one main occupation)

- | | | |
|---|--|---|
| <input type="checkbox"/> Appraiser | <input type="checkbox"/> CPA | <input type="checkbox"/> Franchise Broker |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Lender |
| <input type="checkbox"/> Business Advisor | <input type="checkbox"/> Equipment Appraiser/Auction | <input type="checkbox"/> M&A Advisor |
| <input type="checkbox"/> Business Broker | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Real Estate Broker / Salesperson |

Experience: _____ Years in Profession

I have enclosed the following required items with this membership application:

- Personal resume or business background outline
- Signed Michigan Business Brokers Association Member/Broker Pledge

I understand I will be invoiced for the following membership (choose one):

- Full Membership: (MBBA & IBBA) \$295/yr (prorated) plus an application fee \$50
- Affiliate Membership: (MBBA only) \$245/yr (prorated) plus an application fee \$50

I acknowledge having received and reviewed the Rules and Regulations & Code of Ethics

I the undersigned applicant understand and agree that submission of this application does not ensure membership and that my application must be passed upon by the Board of Directors first and then will be submitted to the membership at large for approval or objection. I will then be notified and invoiced.

X _____ Date: _____