



## Membership Application

*The Council of Business Advisors is a San Francisco Bay Area association of trusted advisors to business and to business people. Our members are well-regarded, experienced professionals who serve primarily C-level executives and the owners/managers of smaller businesses. If you meet that profile, we welcome your application. Membership is subject to approval.*

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Direct Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Web site: \_\_\_\_\_

URL of your bio: \_\_\_\_\_

(If you have a bio online; if not, include a brief bio with your application.)

Your profession: \_\_\_\_\_

Your specialty: \_\_\_\_\_

\_\_\_\_\_

How long have you been doing this? \_\_\_\_\_ Years in your current position: \_\_\_\_\_

How many years of total work experience? \_\_\_\_\_

How did you hear about the Council? Referral name or source:

\_\_\_\_\_

\_\_\_\_\_

Which Council group would you like to be a member of? \_\_\_\_\_

*(\*\* continued on back or next page \*\*)*

The annual dues are \$475. Please mail this signed application and your check to:

Council of Business Advisors  
PO Box 151421  
San Rafael, CA 94915

(If your application is declined, your payment will be returned to you in full.)

Names of your threesome participants:

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**IMPORTANT:**

In order for the Council to function well and to provide the greatest benefit to its members and the clients we all serve, each member's participation is important. In applying for membership, you agree to make attendance at the Council's regular meetings a business priority. Any member who misses two meetings in a row or more than three meetings per membership year may be refused renewal of their membership. Special circumstances should be discussed with your group leader.

We expect members to deport themselves in a friendly, professional, and courteous manner. Any member who does not may be asked to leave the organization. In such instance, dues will not be refunded.

In signing this application, you, the applicant, agree to the above and warrant that the information you provide on the application is true and correct.

Print Name: \_\_\_\_\_

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

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

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