



THIS INFORMATION
MAY BE MADE PUBLIC

MEMBERSHIP APPLICATION

Contact information

Name: _____ Birth date: _____ *(optional)*

Business name: _____

Business phone: _____ Business email: _____

Business address: _____

City: _____ State: _____ ZIP code: _____

Professional information

Profession: _____ Years in profession: _____

Goods & services offered: _____

Professional experience: _____

Professional education, training & licenses: _____

Why are you applying: _____

Certification

DCC's six-month membership terms run from Jan. 1–Jun. 30 and Jul. 1–Dec. 31. I agree to: (i) regularly attend member meetings each Wednesday from 7–8:30 a.m. at First Southern Baptist Church (or arrange for a substitute to attend in my absence); (ii) give at least six genuine referrals each term; (iii) pay a \$100 non-refundable membership fee at the beginning of each term; (iv) market only the profession for which I am approved; (v) and follow all DCC general policies, which are available at www.dccks.com. The information above is true and complete to the best of my knowledge. Upon my acceptance, I will be admitted as a member of Douglas County Connection, Inc., a Kansas nonprofit corporation.

Signature: _____ Signature date: _____