



ABR Membership Application

141 Bogart Ct., Roseville, CA 95746
(916) 782-4272

Date Applied:

Chapter Name/Location: Roseville

Contact Information	
Member Name:	Category:
Company Name:	Sponsor (who invited?):
Full Business Address:	Business Description:
City, State, Zip:	
Mobile Phone:	E-mail:
Business Phone:	Business Website:
Birthdate (mm/dd):	Comments/Notes:

General Company Information	
Principal Officer (if not applicant):	Title:
Number of Employees:	
Legal Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor In Business Since: <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Non-Profit	

Fees/Dues			
Member Category	One-time Registration Fee	1st Quarter Dues	Total Due
Individual Member	\$100.00	\$50 (Prorated \$17/mo if <2 mtgs left in a month): \$_____	

Payment Information	
<input type="checkbox"/> Check (Check# _____) <i>Make Check Payable to the "Advanced Business Roundtable"</i>	<input type="checkbox"/> Cash
<input type="checkbox"/> Credit (pay online) NOTE: <i>Payments can be made at www.ABRoundtable.com/dues</i>	

Signature & Authorization

The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's situation as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement at anytime in the future. By signing this form, I expressly authorize Advanced Development Concepts, LLC (dba Advanced Business Roundtable) (ABR) to collect the charges agreed to.

I further **understand the mission and purpose** of the ABR. I understand the **fee structure**. **I understand that there is no guarantee or promise (verbal or written) that my business will increase or improve because of membership in the ABR, regardless of what any of its members or leaders tell me.** I know that results vary and **I take the entire risk and responsibility of getting the most out of this group.** I will not hold the group responsible or liable for the condition of my business or the results I receive due to membership in the ABR. I further hold blameless the board of directors, the members, and the establishment in which we hold our meetings for any injuries (physical, mental, financial, reputation, etc.) that might occur to me because of my membership in ABR. I understand that both I and/or a majority vote of the board of directors has the right to cancel/resign/discontinue my membership at any time. If I am the one initiating it, I understand there will be no refund of any fees/dues I have paid to FC and that I will pay (pro-rated) any balance due on my account. If the board of directors dismisses me, I have the right to request a refund of the prorated dues already paid for the current quarter as long as I have been a member for more than one whole quarter but I understand that I will not receive my initial member corporate fee or any of the first quarter's dues.

Signature:	Date
Print Name:	Business Title:

Administration Use ONLY	
Date Initial Corp Reg Fees & 1st Qtr Pmt Received:	Date of Membership Vote:
Date Final Corp Reg Fees Received (if on Payment Plan):	
Notes:	Check One: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved—Reason: