

# *Benefits of Membership...*

## *Weekly Meetings...*

- Showcase your business & build a team of referral sources
- Develop relationships with partners that work to see you grow
- Give and receive quality referrals

## *Membership...*

- Membership with Old Saybrook Chamber of Commerce
- Your business profile is featured on our website
- Membership with Eastern Connecticut Chamber of Commerce
- Volunteer opportunities in the local community

## *Education...*

- Guest speakers and ongoing sales education
- Group reading materials, audio CDs, & group discussions
- Practice your sales presentation and receive feedback

## *Member to Member Discounts...*

- Complimentary mortgage check up & appraisal with application
- Complimentary Portfolio Analysis
- \$50 Referral fee for a party
- \$100 Referral fee for a wedding
- No closing cost boat financing on loans over \$10,000
- Invitation to key-note medical and health speakers.
- Many more discounts, just ask!



*Eastern Shoreline Business Alliance*

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97 Airline Road

Clinton, CT 06413

1-800-780-6653

**MEMBERSHIP APPLICATION**

Applicant Name \_\_\_\_\_

Business Name \_\_\_\_\_

Title/Position \_\_\_\_\_

How Long Have You Been In Business \_\_\_\_\_

Description Of Business \_\_\_\_\_

What % Of Your Business Is In The Shoreline Area \_\_\_\_\_

Business Address \_\_\_\_\_

Bus. Tel. No. \_\_\_\_\_ Bus. Fax No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Website \_\_\_\_\_

Are You A Full Time Dedicated Professional Yes\_\_\_ No\_\_\_

Are You A Profit\_\_\_ or State Registered Non Profit\_\_\_ Business

What Other Organizations Are You A Member \_\_\_\_\_

Hobbies \_\_\_\_\_

Are You Committed To Attend A Weekly Meeting Yes\_\_\_ No\_\_\_

I agree to pay Semi Annual dues of \$100.00 to promote the Alliance to the community and a small monthly contribution for meeting and facility costs. These dues will be expected upon acceptance into the Alliance.

Please attach your business card to this signed and completed application.

Applicant Signature \_\_\_\_\_

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

# *Eastern Shoreline Business Alliance*

## **Membership Outlook**

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### ***Mission Statement:***

*We are committed to understanding the businesses of our members, increasing our presence in the community, and developing relationships of trust by supporting & promoting the businesses in our group.*

### ***Becoming a member...***

The strength of our group is based on the commitment of our members to participate in our strategic alliance for the greater benefit of the group.

**New members must be full time dedicated professionals that represent products & services not currently satisfied by current alliance members.** Applicants for membership can be for profit or not for profit – the key aspect our alliance seeks is a motivation to grow you business or organization as well as those of fellow alliance members.

The first step is to visit a group meeting. Prospective members will be allowed to visit two meetings. After visiting their second meeting additional visits will not be permitted without becoming a member; this is because of our belief that the strength of the group is based on the commitment of our members.

### ***Membership Dues...***

Membership dues will be due at first meeting attended as a member. Membership dues are \$100 due semi-annually. In addition to membership dues, any cost of meeting space and/or food will be paid by members monthly - to be determined by location and level of services. Membership is non-transferable and non-refundable.

### ***Attendance Requirements...***

Weekly attendance is expected – this continuous interaction with fellow members is integral to understanding the businesses of those in the group and to present and receive leads. In the event you are unable to attend we strongly encourage you to find a non-member substitute.

### ***Giving and Receiving Leads...***

Our goal is to provide quality leads to the members of the group. Upon receiving a lead members are expected to follow up promptly, ethically, and professionally. Feedback on the quality and/or success of leads will be helpful to help members to continue improving the quality of leads given.

# My ESBA Goals & Commitment...

*What you receive from the group is a result of what you give.  
What are your personal goals?*

## **Receiving Goals...**

I would like to receive \_\_\_\_\_ referrals per month.

I would like to have \_\_\_\_\_ closed business transactions monthly.

## **Giving Goals...**

I am willing to provide \_\_\_\_\_ referrals & leads per month.

My goal is to generate \_\_\_\_\_ closed business transaction monthly.

I will meet with a fellow member \_\_\_\_\_ time(s) per month.

I will attend an outside networking event \_\_\_\_\_ time(s) per month.

## **Attendance...**

I understand that in order to benefit from this group, the members must not only understand my business, but must also know, like, and trust me. **With this in mind I commit to attending a minimum of 3 meetings per month.** I also understand it takes time to build relationships and will stick with this for at least 6 months, hopefully much longer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# ESBA - How we spend your membership dollars...

