

Business Resource Network Membership Application				
Instructions:	Network (BRN). Please co the BRN Leadership Com	it in becoming a member of to omplete this application form mittee. You may email it to R n and you will be contacted b soon as possible.	and return it to a me Ryan@BAHinsure.co	ember of m. We
Your Name:				
Name of Your Business:				
Business Address:				
Business City, State, ZIP:				
Email Address:				
Office Phone:				
Mobile Phone:				
Number of Years in Current Business:				
What is your area of focus, i.e. your products, services, what types of clients do you want to attract?				
of Business Resource	our respective businesses in this group by attending presenting periodically to t promote each other's busi	group focused on helping ea As a member, you will be e BRN meetings in accordance the full BRN group, and work nesses. You must maintain of Commerce to be a memb	expected to actively p e with BRN's Bylaws king with other memb a current membershi	participate , pers to
Applicant Signature:			Date:	
For BRN Use Only	BRN Dues Paid	Harford County Chamber of Date:	Commerce Dues Pa	aid 🗆