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Business Mentorship Program for Women Business Owners 2012

December, 2011

Application for Group Membership

* This application's contents will be held in confidence. For those who are not a good match, it will be shredded.

Name:

Spouse or partner's name:

Business name:

What legal form is your business? (sole owner, LLC, etc.)

What is your business street address?

What is your home street address?

Business Phone:

Cell Phone:

Home Phone:

Fax:

Best e-mail address to reach you personally:

Does your business have a website? If so, what is it?

Do you have more than one website? If so, please list.

How long have you owned this business?

Have you owned previous businesses? If so, what were they?

Please list 3 to 5 topics that you are frustrated with or feel you need help with to build your business:

Do you feel that you have adequate support from your family and friends for what you do? If not, please comment why.

What are you doing right now on a consistent basis to market your business?

How pressed for time do you feel on the average day?

<low> 1 2 3 4 5 6 7 8 9 10 <high>

Please give me your "who and do what" statement for your business (your 30 second speech or elevator speech).

How committed can you be to being an active participant in the group?

<low> 1 2 3 4 5 6 7 8 9 10 <high>

Are you supporting yourself with your business income right now?

What else do you want me to know about you and your business?

I have read and understand the Business Mentorship Program description. (Yes)

Your signature _____

Please return by e-mail to sue@confidentmarketer.com. Thank you!