We are a vibrant community of diverse business owners who foster collaborative relationships that lead to personal and business success for our members.

"Building Relationships that Build Your Business"
Since 1974

Please complete and return this application and initiation fee ($350 per classification) * to:
Erin Williams, Executive Director
Sonoma County Executives Association
Email **info@scexecs.com**
Website www.SCExecs.com
*Initiation fee not required for transfer of ownership

Membership in the Sonoma County Executives Association is limited to companies that do not conflict with any of our present membership classifications. All information will be considered confidential.

The following must be completed before your application can be submitted to the Board of Directors:

Application Date: _____

A. BASIC INFORMATION:

COMPANY REPRESENTATIVE NAME: _____

TITLE OR POSITION: _____

LEGAL NAME OF FIRM: _____

D.B.A. NAME OF FIRM: _____

CLASSIFICATION REQUESTED: _____

This activity must be at least 60% of your company's business volume (or 50% per classification if you are applying for 2 classifications). If transferring ownership, the classification(s) and business activities requested must match those of the current member business.

PRODUCTS & SERVICES OFFERED: _____

Business Activity:_____%
Business Activity:_____%
Business Activity: _____%

B. ABOUT THE COMPANY:

BUSINESS ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

CITY: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

E-MAIL ADDRESS: _____ WEBSITE: _____

The company is a: ☐ Corporation ☐ Partnership ☐ Sole Proprietor

Business License # _____Contractors License # _____

What kind of insurance do you carry? _____

Officers or Partners: _____ City: _____

List any trade names used:

_____

Year the company was founded: _____

Time under present ownership: _____

If transferring owner, years of business experience under requested classification(s): _____

Do you belong to any other Leads Groups ☐ No ☐Yes (if yes, please specify)

C. REFERENCES (PLEASE PROVIDE THREE BUSINESS OR TRADE CREDIT REFERENCES):

1. Company: _____
   Contact: _____ Phone: (___) _____
2. Company: _____
   Contact: _____ Phone: (___) _____
3. Company: _____
   Contact: _____ Phone: (___) _____

D. PERSONAL INFORMATION

NAME _____ TITLE_____
HOME ADDRESS: _____
CITY _____ ZIP: _____
HOME PHONE (____) _____

YEARS WITH YOUR PRESENT FIRM _____

SCEA SPONSOR:
Name: _____
Company: _____

PLEASE LIST ANY MEMBERS OF SCEA THAT YOU KNOW PERSONALLY:
_____

E. FOR THE C.E.O. OF THE COMPANY FILING APPLICATION:

1. All of our dealings with other members will be in a professional and ethical manner. We will protect all information provided to us through the Sonoma County Executives Association (SCEA) as confidential for our company use only.

2. Our company representative will make a diligent effort to attend every meeting and to provide business leads, mutual business and accept other responsibilities within the Association.

3. It is my understanding that membership in the Sonoma County Executives Association is held by the company, not the individual representing the firm. The Executives Association Board of Directors, however, must approve both the applications and the company representative.

4. My company shall have the right to replace our representative with another individual within our company, subject to approval of the SCEA Board of Directors.

5. My initiation fee is a one-time fee of $350 which is due upon submission of my application to the Board. The initiation fee is non-refundable if the application for membership is approved. If the application is denied, the full initiation fee will be refunded. Monthly fees are $140, which includes the cost of all breakfasts and open houses and are considered late and subject to a $20 fine if not received by the 25th of the month.

6. As a condition of membership I agree that if our company desires to terminate our membership, we will give written notice of intention to terminate to the Association through its Executive Director at least fifteen (15) days before said termination is to take effect. Further I agree to pay to the Association all fees and assessments which have accrued and have not been paid to and including the date the termination takes effect.

7. I understand that the Association is a private, voluntary association and my application may be denied. If accepted, my Company and company representatives shall comply with the By-Laws, Code of Ethics and other rules and regulations of the Association.

8. The Association cannot and does not guarantee or warrant member products or services and does not resolve disputes between members.

9. Occasionally member photos and business information may be posted on the SCEA web page and social media accounts. Please select one of the following options:

☐ OK to post photos/videos/info about me and my business on SCEA webpage and social media
☐ Do not post photos/videos/info about me and my business on SCEA webpage and social media

OWNER NAME & TITLE (please print):

OWNER SIGNATURE: _____ DATE: _____
COMPANY REPRESENTATIVE SIGNATURE: _____ DATE: _____

IMPORTANT: The applicant who signs for his/her company is confirming that s/he has the authority to obligate his/her firm to membership in the Sonoma County Executives Association.

Along with the application please also provide the following:

1. A short bio
2. A digital photo of yourself
3. Link to your website and any other social media

-FOR SCEA USE ONLY-

DATE/TIME APPLCATION RECEIVED _____

RECEIVED APPLICATION/CHECK/REVIEW

☐ Application Reviewed ☐ First Posting ☐ Second Posting

DATE APPROVED/DENIED BY MEMBERSHIP COMMITTEE_____
DATE INTERVIEW CONDUCTED_____
DATE APPROVED/DENIED BY BOARD OF DIRECTORS _____
DATE SCHEDULED FOR INDUCTION_____
DATE ADDED TO ROSTER _____

NOTES:

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