



**Note: Please complete all fields in entirety**

Applicant Name:		Referred to CABB by:	
Company:		Have you previously held CABB membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year last held:
Address:		City:	State:
Zip Code:	County:	Email:	
Phone:	Fax:	Website:	
Type of Business: (Please select all that applies)			
<input type="checkbox"/> Accounting <input type="checkbox"/> Banking <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Consulting & Coaching <input type="checkbox"/> Finance <input type="checkbox"/> Human Resources <input type="checkbox"/> Law <input type="checkbox"/> Marketing <input type="checkbox"/> Mergers & Acquisitions <input type="checkbox"/> Other _____			
What's your service area by county: _____			
What specific services do you offer: _____			
<b><u>Membership Fees (Affiliate)</u></b>			
<input type="checkbox"/> Annual Membership—Individual		\$425.00	
<input type="checkbox"/> Annual Membership—Corporate		\$899.00	
<input type="checkbox"/> Make check payable to CABB and mail to: CABB, 4747 N. First, Suite 140, Fresno CA 93726 <input type="checkbox"/> Pay by credit card and fax to 559-227-1463 Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX			
Card Number:		EXP:	Security Code:
Cardholder's Name:			
Billing Address:		City:	State:
Signature: _____			
<b>Send to:</b>		<b>California Association of Business Brokers</b> <b>4747 N. First, Suite 140, Fresno, CA 93726</b> <b>Phone: (866) 972-2220, Fax: (559) 227-1463</b>	



Please list, as you would like it to appear on our roster/web site:

Name:

Business Name:

Address: (if different from front page)	City:	State:	Zip Code:
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**Name of Corporate Affiliate Members (up to 10) (Please list full name, city, phone, and email):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**BUSINESS HISTORY:**

Please tell us about your business and how it may serve the CABB members.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



How did you find our about CABB?

- Website   
  Fellow Broker   
  IBBA   
  Chapter Meeting   
  Other

**Education Information** (Including seminars or courses monitored)

Start with your most current:

Name of school or course

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Degrees/Certificates/Awards/Honors received:

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I have taught the following classes or seminars:

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What business licenses or professional designations do you current possess?

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Have you ever appeared in court as an witness? If yes, what is your area of expertise?

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Have you ever been involved in a lawsuit? If yes, please provide brief details (what, when, how):

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**AGREEMENT**

- 1. I have received, read and, if approved for membership, agree to abide by the By-Laws, Code of Ethics, Rules and Regulations of the California Association of Business Brokers and all future amendments thereto.**
- 2. I authorize the membership committee to verify the information herein.**
- 3. I understand the described herein will pay my dues through December of the current year. Next year's dues will be due in January. Annual dues are determined by the CABB Board of Directors.**
- 4. Dues must be paid in full by January 31st each year in order to maintain membership privileges.**
- 5. I understand that membership in CABB is on an individual basis rather than a brokerage basis.**

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

\_\_\_\_\_  
Date