



Application for Mastermind Group Membership for Business
Please return this form by one of the methods shown below¹

Your Name:

Name of your business:

Brief description of your business: (Type, number of years you've owned it, etc.)

Location of your business: (City/Town and State)

E-mail address:

Best phone number to reach you:

Do you send and receive text messages? (For use for emergency messages only)

Yes No

Number of years you have owned or managed your business:

¹ Complete, scan and email to: admin@balancedact.com; or mail to: **Balanced Act**, 412 Colington Drive, Kill Devil Hills, NC 27948 Attention: Carol; To fax: call ahead before faxing to 252-449-5255

Application (con't)

What type of business(s) would be a competitor to your business: (Provide example and/or name of such a competitor.)

What do you want to accomplish by being a member of a Balanced Act Mastermind Group? (Simply list everything you'd ideally like to accomplish.)

If your application is approved and you are matched with a Business Mastermind Group that suits your needs:

- Are you willing to commit to attending all session except in cases of extreme emergency? (Regular attendance by all members is key to successful groups.)

_____ Yes _____ No

- Are you willing to commit to participating? (Participation by all members is also an important component of successful groups.)

_____ Yes _____ No

What about a Mastermind group appeals to you that you would be willing to commit to participating in one?

If one were available at the Balanced Act website, are you interested in participating in a forum or message board connected to your Mastermind Group?

_____ Yes _____ No

Which time spans are you more likely to be available for your group's teleconference call: (Check all that apply)

Mon-Fri 8am-5pm _____ Mon-Fri 4 pm-6pm _____

Other _____ (please specify) _____