

## APPLICATION FORM

### BUSINESS PARTNERS PROGRAM

I / we apply for admission to the Business Growth Centre's Business Partners Program.

Contact Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Location address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

*\*Applications for admission to the Business Partners Program are subject to approval.*

I/we understand that-

- the intention of the Business Partners Program is for local businesses to support the work of the Business Growth Centre by providing services to BGC members, new and growing businesses or business seeking specialist assistance.
- Business Partners will, from time to time, receive information regarding the Centre and its activities.
- BGC will promote its Business Partners and the services they provide
- Business Partners will be placed on a referral list to have their products and services promoted to tenants, members and other associates
- BGC does not provide any guarantees that participating in the Business Partners Program will lead to enquiries, lead or increased business activities.
- The current annual fee is \$550 including GST

Other benefits of the Business Partners program include-

- A listing in BGC Newsletters (electronic and hardcopy) with short description of business services offered on a rotating basis
- Free attendance for 1 person at BGC Member events (usually 3 per year)
- Invitation to member social events
- Business name and logo listed on website with link to Partners URL
- Attendance at workshops and seminars at members rate
- Placed on Preferred Supplier List for referrals
- Business cards and limited promotional material placed at reception and provided to people seeking business advisory assistance
- Opportunities to speak at Member Night

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment:**

- Cheque enclosed                       EFTPOS/Credit card  
 Issue Invoice                               Cash                      PTO

**Please complete the description of the services to be provided on the following page**

**Please provide a description of the services you wish to provide under the Business Partners Program:**