



Our goal is to create a diverse business network of professionals to create quality referrals for each member.

Membership Guidelines



Prospective Members

1. Prospective members are welcome to come to 2 meetings free of charge. They are informed ahead of time to prepare a 30 second presentation and to bring business cards.
2. Existing members need to notify the Membership Committee Chairman about the prospective members who are attending a meeting.
3. Dues are pro-rated and non-refundable. The amount that a new member pays for dues is dependent upon when that new member is accepted as a member.

The schedule is as follows:

January 1 – March 31: \$125.00
April 1 – June 30: \$93.75
July 1 – September 30: \$62.50
October 1 – December 31: \$31.

4. Prospective members must complete an application and submit it with a check for dues to the Membership Committee Chair.
5. Prospective members must meet with the Membership Committee prior to a decision being made about their membership.



Mission Statement

Our goal is to create a diverse business network of professionals to provide qualified referrals for each member.

Description

The South Shore Business Roundtable is a business networking group formed to promote member businesses through the generation and exchange of referrals, sharing of ideas, and other related activities.

Benefits of Membership

1. Business referrals for oneself and others.
2. Access to a diverse network of professionals that adds value to one's business by providing additional resources of goods and services.
3. Creation and building of relationships with other success-oriented individuals.
4. Exclusivity. Your membership locks out other members with the same business or profession.
5. Contact and business information is listed on the SSBRT website.



Membership Code

1. Every member is expected to serve all referrals from SSBRT in a professional and timely manner; including returning messages and providing quality service.
2. Every member is expected to attend all regularly scheduled meetings and to arrive on time. If a member is unable to attend, he/she is required to obtain a substitute for the meeting. Each member is allowed two absences per year without a substitute. A third absence without a substitute may result in forfeiture of membership.
3. Every member is expected to make a 10-minute presentation on his/her business/profession as scheduled by the Secretary.
4. Every member is expected to represent SSBRT in a positive and professional manner at all times.
5. All membership dues are to be paid by January 1st and are nonrefundable.
6. All memberships are non-transferable without Membership Committee approval

Membership Removal

1. Any member missing three meetings without a substitute within a calendar year may forfeit membership.
2. If the Annual Dues (due on January 1) are not paid by January 31, a Late Fee of \$25.00 will be assessed on February 1. Nonpayment by March 1 may result in loss of membership.
3. A member may be removed upon recommendation of the Membership Committee.



Presentation Formats

1. 30 Second Presentations
 - a. Members give their name, the company name and location.
 - b. Members give a brief description of the type of products or services they provide.
 - c. Members will describe the types of referrals they are seeking.

2. 10 Minute Presentations
 - a. The objective is to educate the other members about the benefits his/her business or profession can provide
 - b. Teach the other members how to sell your product or service
 - c. Conclude with a question and answer period.
 - d. Presentations will be timed.

3. One-on-One Meetings
 - a. The objective is for members to get to know one another on a more personal as well as a business level.
 - b. These meetings are held outside the regular meetings at a time and place determined by the mutual decision of the members.

4. Referrals
 - a. All referrals are qualified: both parties have the information of the other party and have been contacted by the member giving the referral.
 - b. Referral Forms are completed prior to the referral portion of the meeting with all information requested.

5. Testimonials
 - a. An example of a member's work or service is shared publicly in order to praise the member and to increase the groups' confidence in the quality of his/her business.



*** Member Meeting**

1. Start Time is 7:30 a.m. President calls the meeting to order.
2. President gives a brief overview of the purpose of SSBRT.
3. Business card box gets passed around to all attendees.
4. President asks each officer to give their report.
 - a. President
 - b. Vice President/Membership Committee Chair
 - c. Treasurer
 - d. Secretary
 - e. Promotions Committee Chair
 - f. Social Committee Chair
5. President welcomes any new attendees and substitutes, stating their name and the company they represent.
6. President designates a member to begin the 30-second presentations.
7. President asks the 10-minute presenter to begin.
8. President designates a member to begin with referrals.
9. President invites new testimonials.
10. President gives closing statements and Adjourn at 8:45 a.m.

*If meeting dates conflict with holidays, the meeting is cancelled.



Membership Application

Staple Business Card Here

Date: _____ / _____ / _____

Please include any contact information not included on your card.

Fax:

Email:

Mobile phone:

Website

Sponsoring SSBRT Member: _____

Business Description: _____

Position & Responsibilities: _____

How long have you been in this profession (years)? _____

What type of professional license/certificate/insurance do you have? _____

What do you expect to get out of SSBRT besides more referrals? _____

What special skills and/or talents can you offer the group? _____

Have you ever been in a business networking group? _____ If yes, please list the organizations, dates involved & level of participation. _____

Would you like to include information about yourself personally? _____



References

Please list 3 references. Two out of the three listed must be professional.

1) Name _____
Address _____
City/State/Zip _____
Telephone _____ Email _____
Personal _____ Professional _____

2) Name _____
Address _____
City/State/Zip _____
Telephone _____ Email _____
Personal _____ Professional _____

3) Name _____
Address _____
City/State/Zip _____
Telephone _____ Email _____
Personal _____ Professional _____