small business
BIG HEARTS

New Member Application

Personal Information

Full Name: _____ Former/Maiden Name: _____

Preferred Name: _____ Birth date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Membership Information

Why do you want to join Small Business Big Hearts? (Select all that apply)

[ ] To give back to the community

[ ] To connect with other local professionals

[ ] To make a difference for local children

[ ] To grow personally and professionally

[ ] Other: _____

Sponsor (if applicable): _____

Community Involvement & Interests

Organizations you are involved with: _____

Philanthropic interests or charities you support: _____

Skillsets/Training (Select all that apply)

[ ] Professional graphic design
[ ] Photography
[ ] Strategic planning
[ ] Event planning
[ ] Grant writing
[ ] Videography/Film
[ ] Social media
[ ] CPA/Accounting
[ ] Youth mentoring
[ ] Legal degree
[ ] Public Relations
[ ] Professional writing/editing
[ ] Fundraising
[ ] Political experience
[ ] Recruitment

Authorization

I understand that participation with Small Business Big Hearts may involve working closely with children and community partners. By signing below, I authorize Small Business Big Hearts to conduct a background check as part of the membership approval process. I certify that the information provided on this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please send completed applications to info@smallbusinessbighearts.com. Thank you for your interest in joining Small Business Big Hearts! We're excited to make a lasting impact together.