



OCEAN COUNTY BUSINESS ASSOCIATION

THE BEST IN BUSINESS

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WWW.OCEANCOUNTYBUSINESSASSOCIATION.COM

OCEAN COUNTY BUSINESS ASSOCIATION MEMBERSHIP APPLICATION (revised September 2012)

Date: _____

Name: _____ Sponsor's Name: _____

Home Address: _____

Phone #: () _____ Cell Phone #: () _____

Company Name: _____

Company Address: _____

Business Phone #: () _____ Fax #: () _____

Email address: _____ Web Address: _____

Branch Office(s): _____

Years Organized: _____ Your Position w/ Company: _____

Principal Classification of Your Business: _____

Principal Products/ Services: _____

*Approved Category: Membership
Committee to Complete* _____

Customer Base: Retail ___ Wholesale ___ Industrial ___ Seasonal ___ Year-Round ___

Percentage of Business Done in Primary Products: _____ %

Percentage of Business Done in Ocean County _____ %

Community, Civic, or Social Organization you are active in:

Local Business References (Name, Company, and Phone #)

1. _____

2. _____

3. _____

License Certification # _____

Agency/Educational Institution _____

Procedure Guide for Membership Application

1. You must qualify for membership in accordance with the rules laid down in Article 3, Section 2 of our constitution which reads, "Each member shall represent a different business, trade, or occupation and shall be given classification, and the member must derive at least 75% of their business in that classification.
2. Your Application should be submitted as soon as possible and
 - a. \$150.00 application fee. If your application is not accepted the fee will be refunded. The annual dues of \$575.00 will be pro-rated until the end of the billing cycle.
 - b. You must be sponsored by an existing member, unless you attended an Open House event.
 - c. Three Letters of Recommendation must be included with the application and a short biography or your professional resume. Letters of Recommendation must be from the prospective member's:
 - Attorney;
 - Accountant or banker; and
 - Business associate or client.
 - d. Your business must be established for 1 year and you must be able to enter into a contract for your company as the key decision maker.
 - e. You may not be a member of another exclusive networking organization.
 - f. A background/credit check will be made on you and your company.
3. It is possible that additional people may be applying for your category.
4. Your application will be "called" at two meetings of the association and comments will be solicited from the members.
5. You will be interviewed by the membership committee.
6. Your application will be mentioned in the minutes of all meetings at which your application is officially reported.
7. No official action will be taken at any meeting at which you are present.
8. Your application will then be referred to the Board of Trustees whose decision shall be final. You will be notified by mail as to the decision made.
9. If accepted into membership you will be called to a meeting with the Orientation Committee (please bring a short write up about your business to be displayed on our website. For ideas go to www.oceancountybusinessassociation.com) following which your membership will commence. At that time you will have to pay apportioned dues as determined by the Treasurer.

Membership Agreement

In applying of O.C.B.A. Membership, I understand and agree that:

I meet the requirements for Qualification and Categories of Membership.

Outstanding competence, integrity, and enthusiastic endorsement of the cooperative business philosophy of O.C.B.A. are requirements of membership.

Acceptance of my application is subject to approval of the Board of Trustees of O.C.B.A., whose decision is final. O.C.B.A. will carry out a background/credit verification of me and my business.

I pledge to: 1) attend membership meetings regularly; 2) purchase products and/or services from O.C.B.A. members whenever feasible; 3) recommend the products and services of O.C.B.A. members to friends and acquaintances; 4) help other members in an advisory capacity on sales and administrative problems requested, and 5) actively sponsor for membership of other executives of competence and integrity for unfilled Membership categories.

I understand that I am subject to expulsion if, in the opinion of the Board of Trustees, my conduct is in violation of the Constitution, By-Laws, and Policy Manual of O.C.B.A.

By my signature to this application, I recognize and accept my obligation to pay the application fee of \$150.00 and that, if accepted in Membership, I shall promptly pay any and all assessments and other charges and debts due O.C.B.A. which may be incurred by me during my Membership. I also understand that my Membership in O.C.B.A. shall not start until I have paid in full the first part of my dues, as determined by the treasurer. I also consent to the release of any document or information from all credit sources for verification of credit for me and my company.

Applicant _____ Sponsor _____
(signature and date) (signature and date)

Meetings are held on the 1st and 3rd Thursday of each month. Your dues cover the cost of meals and administration. Your guests will be welcome at any meeting at the current cost of \$20.00. The price is determined and can be changed by the Board of Trustees. Your fee is refundable if your application is declined.

Please feel free to attach a personal biography or other information that would assist us in considering your application.

OCBA – Background Check Authorization

Please be advised that applicants must undergo a background check as part of the application process at the applicants expense (\$125.00). The background check is conducted by an outside firm (Adam Safeguard) and may include, but is not limited to the following areas of inquiry:

- Validation of your Social Security Number and the trace information indicating all names and addresses you have used
- A national sex offender search
- A multi state and federal criminal database search which encompasses the portions of every state’s Criminal Records, Department of Correction Records and potential terrorist affiliation lists
- Previous residences
- Employment history and references;
- Character references;
- Credit history
- Status of applicant’s qualifications, reputation in the community, business license/permits, certifications, requirements & education

All of your information will be maintained in strict confidence by Adam Safeguard and any records developed will not be divulged to OCBA or anyone else. Adams Safeguard will only provide a report to OCBA setting forth whether the Applicant is “suitable” or not “suitable” for membership based on criteria and guidelines formulated in advance by OCBA. If you have any questions regarding the background check or any information obtained, please call Adam Safeguard directly. Adam Safeguard’s phone number is (732) 506-6100.

If you wish to contest a determination made by OCBA you may request a dispute hearing with the OCBA provided you sign a Dispute Release Form enabling Adam Safeguard to release all information obtained to OCBA’s designated officers in charge at the time and its membership review committee. You also acknowledge that you may withhold permission to conduct a background search by signing where indicated below at which time my application for membership will be deemed withdrawn.

By signing below, I acknowledge receipt of the above Notice and wish to proceed.

_____ SIGNATURE	_____ DATE
_____ PRINT NAME	
_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER

I do not consent to a background check and withdraw my application for membership.

_____ SIGNATURE	_____ DATE
_____ PRINT NAME	