



‘EXPRESSION OF INTEREST’ FOR MEMBERSHIP

Contact Name:

Business Name:

Email:..... Fax:

Phone:..... Mobile:

Overview of Business:.....

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Please complete the following eligibility Criteria:

1. Address your business operates from:

Is this:

- a) Your place of residence
- b) A shop front
- c) Other business/commercial premises

2. Under Council regulations is your business classified as:

- a) A Home Based Business
- b) A Home Activity

OR

- c) Are you a franchise owner ?
- d) None of the above Please specify:

3. What is the size of your business:

- a) Sole trader
- b) Self & partner
- c) Number of equivalent full time employees operating from home business premise

Signature:..... Date of Application:/...../.....

HomeBiz FNQ meetings are held every 6-7 weeks, you will be notified of the outcome of your expression of interest for membership immediately following the next meeting after the receipt of this form.

Approved Yes No Date:/...../..... To be completed at first meeting following receipt of application