New Mentor Member Application

Date of Application:			
First Name: Last Name:			No
Business Address: Business Name:	Brick/Mortar:		
Contact Phone Number:			
Category/Categories You Are Applying For:			
Member Who Recommended You (if applicable):			
New members must have attended one meeting as a gumembership. Have you satisfied this requirement? Is your business locally owned & operated in the Tucson How many years have you been in business? Are you a member of the Tucson Chamber of Commerce What other relevant business memberships and/or trad	Yes No n area? Yes - e? Yes No	No	
	e certifications	do you	
Do you have a BBB rating? Yes No If yes, what			
What is your online Google review rating, if applicable:	·		
Has your business faced serious grievances, such as a la	wsuit? If so, ple	ase exp	olain: