



# EBPM Application Form

BUSINESS OWNER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_  
LOCATION OR AREA OF BUSINESS: \_\_\_\_\_  
WEB SITE: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_  
BUSINESS FAX: \_\_\_\_\_  
BUSINESS E-MAIL: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  
YEARS OF OPERATION: \_\_\_\_\_  
NUMBER OF EMPLOYEES: \_\_\_\_\_

CREDENTIALS/ACCREDITATIONS/CERTIFICATIONS AND DATES (COPIES TO BE  
MAILED OR E-MAILED FOR VERIFICATION):

\_\_\_\_\_  
\_\_\_\_\_

ONE PROFESSIONAL BUSINESS REFERENCE NAME, ADDRESS AND PHONE  
NUMBER:

\_\_\_\_\_  
\_\_\_\_\_



## Equine Business Professionals

Equine Business Accreditation and Promotion  
[www.EquineBusinessProfessionals.com](http://www.EquineBusinessProfessionals.com)

Consumer On-line Rating Directory, Sponsorship, Consulting  
[www.JequineSport.com](http://www.JequineSport.com)

Phone: 519-355-4922

Fax: 519-676-7966





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AN OATH TO BE SWORN TO UPHOLD THE EQUINE BUSINESS PROFESSIONAL PLEDGE OF VALUES :

A member pledges to conduct business based on the following values:

*Integrity Honesty Fairness Trust Courtesy Professionalism*

VERIFICATION AND PAYMENT OF \$1250.00 FOR ANNUAL MEMBERSHIP ARE NEEDED FOR APPROVAL.

Signed and Dated

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



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