

Kitchener Master Mind Group
APPLICATION FORM

Name: _____

Business Name: _____

Email Address: _____

Number of years self employed in this business : _____

Self employed Fulltime: _____

Part time _____

Type of Business: _____

How did you start your business: _____

Do you have any employees: _____

If yes how many: _____

Do you have a mission statement: _____

Do you have a vision statement: _____

Business 1 year goal: _____

Business 5 years goal: _____

Level of commitment to growth in business and personal: _____

Reasons to select you to be in this group:
(Convince us re: your commitment level)

Email to Joe info@theMasterMindGroup.ca