



APPLICATION FOR GREENSTONE GROUP MEMBERSHIP

Name: _____

Name of Business: _____

Mailing Address: _____

City/State/Zip: _____ County: _____

Email: _____ Website: _____

Phone: _____ Cell Phone: _____

Describe your business: _____

Number of employees: Full-Time _____ Part-Time _____

Do you have a business plan? No Yes (If, yes please attach or enclose it)

How long has this business been in existence?

2 years or less 3 – 5 years 5 – 8 years 9 years or more

Type of Business

- | | |
|---|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Mining or Extractive Related Industries |
| <input type="checkbox"/> Specialty Retail | <input type="checkbox"/> Tourism/Leisure/Recreation/Crafts |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Technology | |

Gross sales in last fiscal year \$ _____

Approximately what percentage of your sales derives from outside the northeast region of Minnesota (and Douglas County in Wisconsin)? _____ %

If your business would achieve substantial growth, what would it look like? _____

Name three specific goals for growing your business: _____

Name three specific skills to develop through coaching: _____

What expectations would you have in working with a coach-facilitated peer group of business owners? _____

Have you worked with a business coach? No Yes (If yes, who? _____)

Your signature below indicates your agreement with the following program guidelines:

- Participation in skill assessment process for coaching placement
- Share business info and participate in data collection and evaluation of Greenstone Group

Signature _____ **Date** _____

**Return this completed application to
Greenstone Group by one of these methods:**

Email: stacym@greenstonegroup.org
Fax: 218-623-5762
Mail: Greenstone Group
202 West Superior St., Suite 310
Duluth, MN 55802