



REFERRALS PLUS MEMBERSHIP APPLICATION

Revised October 10, 2011

Date _____

Name _____

Title _____

Name of Business _____

Website http:// _____

Description of Business _____

Membership Category _____

Business Address _____

City _____ State ____ Zip _____

Business Phone _____ Fax Number _____ VM _____

Home Phone _____ Email _____

As a member of Referrals Plus Business Women's Network, I agree to:

1. Attend monthly meetings to promote my business and to support other members with their businesses.
2. Bring business cards for members to encourage networking with members and outside the group.
3. Relinquish my category if I miss 3 or more meetings in a six month period.
4. Pay annual dues of \$45 to join first year, and \$35 annual renewal.
5. Within Referrals Plus activities, to limit my promotion to my business category.
6. If my business does not need referrals, to relinquish my business category. I can continue membership and activities in support of other members.
7. Volunteer whenever possible to help the group with organizational tasks, including serving in board capacities and event organizing.