

# Rutland Referral Group Membership Application

Date \_\_\_\_\_

This application must be complete and fee paid before it can be processed. (**\$100.00** Application fee **PLUS** a membership fee based on the quarter that you join the group). Prorated Membership Fees: (Jan –Mar \$50.00, Apr – Jun \$40.00, Jul – Sep \$30.00, Oct – Dec \$20.00).

**Once your application has been submitted, please wait to attend additional group meetings until you are contacted. Processing time will be two to three weeks.**

Name \_\_\_\_\_ Business Name \_\_\_\_\_

Bus. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Website \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Primary Business Category \_\_\_\_\_

Full time or Part time in that business? \_\_\_\_\_ Sponsor \_\_\_\_\_

Description of your Product and/or services \_\_\_\_\_

Education/Degrees/other credentials \_\_\_\_\_

Experience in your Occupation \_\_\_\_\_

Are you able to regularly attend our weekly, 60 minute, meetings from start to finish? \_\_\_\_\_

Have you been a member of other referral organizations? \_\_\_\_\_ If so, please list \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## **REFERENCES (2) Please provide business references who are available and can be contacted.**

Name #1 \_\_\_\_\_ #2 \_\_\_\_\_

Title \_\_\_\_\_

Business \_\_\_\_\_

Phone \_\_\_\_\_

Business Relationship \_\_\_\_\_

I have read and understand the Rutland Referral Group Membership Policy

\_\_\_\_\_  
Signature