



Updated: 07/11/2018

Membership Director
North County Referrals
P.O. Box 27946
San Diego, CA 92198
www.northcountyreferrals.com

Membership Application

www.NorthCountyReferrals.com

Name _____

Home Address _____

City _____ State _____ Zip _____ Cell Phone: (____) _____ - _____

Email _____ www _____

Company _____ Business Phone (____) _____ - _____

Company Address _____ Business Fax (____) _____ - _____

City _____ State _____ Zip _____

Position _____ Major Products or Services _____

Years in Business _____

What does your business do or sell besides its Major Products or Services?: _____

Dues billed to: Company _____ or Self _____

North County Referrals Members' Commitment:

I will use fellow members to provide products and services whenever possible.

I will refer non-members to use member businesses as often as possible.

I will attend, at a minimum, 75% of meetings/events in a calendar quarter (unless excused under Club Policies).

I acknowledge that attendance at less than the 75% standard may subject my membership to termination.

I will promote North County Referrals in my place of business.

I AGREE TO ABIDE BY CLUB POLICIES.

Applicant's Signature _____ Date _____ / _____ / _____

Sponsor's Name _____ Date of 1st meeting _____ / _____ / _____

Date of 2nd meeting _____ / _____ / _____ Date of 3rd meeting _____ / _____ / _____

A check must be included with this application (made payable to North County Referrals) to be considered for membership.

\$60 Initiation Fee: (new member, one time only.) \$ 60

\$60 Annual Dues: (pro-rated at \$5 per month from date of application to end of year) \$ _____

\$175 Quarterly Dues: (pro-rated from month joined to end of quarter at \$58 per month) \$ _____