



Membership Application

www.NorthCountyReferrals.com
(858) 361-0735

Date Received: _____
Welcome Pkt: _____
Web Profile: _____
Badge Order: _____
Initiation: _____

Business Name: _____ Your Name: _____
 Title/Position: _____ Business Category: _____
 How would you like your name to appear on your badge?: _____
 Business Address: _____ Mailing Address: _____
 _____ (if different) _____
 Work Phone: _____ Fax: _____
 Cell Phone: _____ Home Phone: _____
 Work Email: _____ Website: _____
 Personal Email: _____ Birthday: _____
 What does your business do or sell besides its Major Products or Services?: _____

Does your business require licensing? Yes No Certification? Yes No Accreditation? Yes No
 Business Licensing Entity: _____ Business License #: _____
 Is the business a: Corporation Sole Propretor Partnership Other: _____
 Number of Years in this business: _____ Number of Years in this Profession: _____
 Is this your Primary business: Yes No Person who Invited you to NCR: _____
 Please list any other networking organizations you belong to: _____
 Emergency Contact Name: _____ Phone #: _____

PAYMENTS COLLECTED ARE NON-REFUNDABLE

\$60 Initial Fee: (New member, one time only) \$ _____
 \$60 Annual Dues: (prorated at \$5 per month from date of application to end of year) \$ _____
 \$175 Quarterly Dues: (prorated from month joined to end of quarter at \$58 per month) \$ _____
Total Payment: \$ _____
 Check#: _____ (Returned Check Fee \$25) **Please make checks payable to: North County Referrals**
Mailing Address: 17760 Cumana Terrace, San Diego, CA 92128

- 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.

With your signature below, you verify that you understand and agree to abide by all club policies.

Signature of Applicant: _____ Date: _____
Prospective Member Interview Conducted Yes No
Approved by Membership Council Yes No Date: _____
 Membership Chair Name: _____ Signature: _____