



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: Month: _____ Day: _____

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

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: _____