



Membership Application

www.NorthCountyReferrals.com
[\(858\) 395-6550 Kristi Norton](tel:(858)395-6550)
knorton@nexamortgage.com

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

Mailing Address: Bring in person to membership chair, or contact personally for the address (858) 395-6550

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.

Yes No
 Yes No

Date: _____

Signature of Applicant: _____

Date: _____

**Prospective Member Interview Conducted
Approved by Membership Council**

Membership Chair Name: _____

Signature: _____

Revised: 09/27/24