



New Member Application Form

(Please print clearly!)

Our Networking Group allows only one representative from each field/profession/business to avoid any kind of competition between members. Please discuss with our Membership Chairman to see if anyone else represents your type of business. If not, make sure you have attended at least one meeting and then go ahead and submit this application to the Membership Chairman along with a check for your dues. Dues are \$60 annually. The Membership Committee reviews all applications and will notify you as soon as possible; generally before the next meeting.

Name: _____ Sponsored By: _____

Business Name: _____

Business Address: _____

Phone: _____ Email: _____

Business website: _____

Type of Business: _____

Brief description of the service or product you provide: _____

How long have you owned or been with this business? _____

What do you hope to gain from the group? _____

How do you expect to contribute to the group? _____

What memberships do you have in other organizations? (Chamber of Commerce, Referral/Networking groups)

If you belong to another business referral networking group, would you be willing to belong to the Professional Referral Organization Network Group exclusively? Yes No

Please provide several business references (name, relationship, phone number):

Have you ever been convicted of a felony? _____

Are you willing to commit to attending a minimum of 75% of the regular weekly meetings? Yes No
(Allowed to miss 3 meetings in a quarter. It is recommended that if you miss a meeting that you send someone to represent you, if possible.)

Are you willing to commit to doing one-on-one meetings with members on a regular basis to learn more about how you can help their business grow & to let them know what type of referrals partners would benefit you? Yes No

Attach a copy of your California Business License

MEMBER AGREEMENT

I, _____, owner/member/employee of the business known as _____, understand and agree that I will hold harmless and indemnify Professional Referral Organization Networking Group and all of its members from any liability, damages or responsibility related to any work I perform for clients referred to me as a result of my membership in Cape Business Network.

I do hereby waive, release and forever discharge any and all rights and/or claims for damages that may occur out of or in any way connected with my being a member of Professional Referral Organization Networking Group.

Date: _____

Signature of Applicant

Membership Committee use only.

Comments:

Approved: Yes No --- If Yes, category: _____