



# APPLICATION



## Section I - INFORMATION

Date: \_\_\_\_\_

Applicant's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>REGISTRATION FEE</b>	_____	\$	<b>25</b>
<b>YEARLY DUES</b>		\$	<b>125</b>
<b>PREPAID WEEKLY DUES</b>		\$	_____
<b>TOTAL ENCLOSED</b>		\$	_____

E-Mail Address \_\_\_\_\_

Business Phone: \_\_\_\_\_  
Please use numbers's only, no letters ( )

Home Phone: \_\_\_\_\_  
Please use numbers's only, no letters ( )

Fax #: \_\_\_\_\_  
Please use numbers's only, no letters ( )

\_\_\_\_\_

Describe Your Product or Services (be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section II - BUSINESS REFERENCES

Referred to group by: \_\_\_\_\_

List Business References:

(1) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Relationship (describe): \_\_\_\_\_

\_\_\_\_\_

(2) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Relationship (describe): \_\_\_\_\_

\_\_\_\_\_

## Section III - QUESTIONS

- Is your membership occupation fulltime? \_\_\_\_\_
- How long have you been with the company? \_\_\_\_\_
- Can you commit to arrive at our weekly meetings on time, stay the entire meeting, and are you willing to abide by the Summit Referral Group rules and procedures?  
\_\_\_\_\_
- Do you have a substitute should you be unable to attend? \_\_\_\_\_
- What do you expect to contribute to the Summit Referral Group? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is your ability to bring qualified referrals or visitors to our group? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you belong to other referral networking organizations? \_\_\_\_\_ If yes, please list them \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature

<b>SUMMIT REFERRAL GROUP MEMBER COMMITTEE USE ONLY</b>	
<b>Approved</b>	_____
<b>Denied: (reason)</b>	_____
<b>Board Decision</b>	_____