

East County Referral, INC.
Membership Application

Application Date _____

Applicant's Business Name: _____

Representative's Name: _____

Alternate's Name: _____

Business Address: _____

Business Tele #: _____ Home Tele #:: _____

Please provide three (3) business references who are not members of East County Referral, Inc. with whom you are currently doing business. Include Name and Phone Number.

1. _____

2. _____

3. _____

Sponsor's Name: _____

MEMBER COMMITMENT: Member agrees to abide by the following commitments.

- A. Member will always seek to have a fellow member satisfy business and personal needs whenever possible.
- B. Member will provide a minimum of two (2) referrals per month to fellow members.
- C. Member understands that if the member or alternate misses two (2) consecutive unexcused meetings their membership will be forfeited.
- D. Member will assist in providing eligible membership candidates to the group.
- E. Member understands that any monthly or annual membership dues are not refundable and must be kept up to date. This includes any dues accruing during absences.

Initial _____ I am not a member of and do not attend any other business referral group meetings.

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Applicant's Business Name: _____

I have been given a copy of the Bylaws and Policies and Procedures to review and I agree to abide by them and any subsequent amendments.

Initial _____

Products and Services your company offers: (There must not be any conflicts with an existing members services.)

Applicant Signature: _____

East County Referral, INC.
Membership Application
Sponsors Information

Application Date _____

Applicant's Business Name: _____

() First Meeting Date: _____ (guest introduces self for one minute) any conflict with existing members in group? ()yes () no
() Second Meeting Date: _____ (guest further introduces company and answers questions from members.)

Applicant's Check Number and amount: _____

Applicant's reference checklist—to be completed by the person referring them to the group.

1. Do you deal directly with Applicant and conduct business with them?
yes _____ no _____

2. How long have you know the applicant and what type of relationship do you have with them? _____

3. Has this person generated any business for you or others you know?
yes _____ no _____

4. Explain the concept of referrals to the applicant and ask if they believe that there would be mutual benefit to referrals and them..

a. What benefits does the applicant feel that they can bring to referrals.

Completed by: _____

Business place checklist

LOCATION: Verified business address physically _____

ENVIRONMENT: Considered Appropriate for business? _____

OBSERVED QUALITY OF WORK: Considered appropriate and in agreement with representation that applicant made during their verbal description at meetings. _____

Meeting Checklist -- 2

() 3rd meeting date: _____ Applicant not present – Vote taken on prospective member.

Application Accepted: Yes _____ No _____

(if No) Date Applicant's check was returned: Date _____

() 4th meeting date: _____ (Welcome new member, Get them signed up for a Name Tag, Add to Speaker list, Add to event Calendar.