



LetYourBusinessThrive.com

MEMBERSHIP APPLICATION					
APPLICANT INFORMATION					
Member Name:				Date of Application:	
Legal Company Name:					
Your Title:				Birthday (MM/DD):	
Industry Category: (Only one member is allowed per industry category)				Is your business primarily <input type="checkbox"/> B2B <input type="checkbox"/> B2C <input type="checkbox"/> BOTH	
# of Years with Company:	# of Years in Industry:		Are you licensed?		
Office #:				Expiration Date?	
Email:					
Website:					
Address:					
City:			State:	ZIP Code:	
MEMBERSHIP INFORMATION					
<input type="checkbox"/> Post-Pandemic Annual Membership: \$395 Annual Fee (Quarterly Dues Waived) <input type="checkbox"/> Annual Membership: \$345 Annual Fee + \$99/quarter <input type="checkbox"/> Additional Member – Same Company \$50/quarter					
Sponsor: (Member who referred you)					
Who is your ideal customer and/or describe a great referral for you?					
What is your <b>average</b> sale amount:	\$	How long is your average sales cycle?			
What % of time do you spend on the following For Business Development activities:	Cold Calling:	Networking:	Door to Door:	Social Media:	Other:
Do you have an elevator speech?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Would you like help developing or refining your elevator speech?		<input type="checkbox"/> YES <input type="checkbox"/> NO
What other business development strategies would you like help with?					
Are there any specific business development areas that you have expertise in, that would be helpful to the group?					



LetYourBusinessThrive.com

<b>VOLUNTEER?</b>		
Our organization is volunteer driven and members are expected to serve in a volunteer capacity at some point during the year. These positions rotate on an annual basis. Which of the following would you be interested in volunteer for?		
	Chair	Serve on Committee
Membership:		
Charity:		
Special Events:		
Secretary:		
Referral:		
<b>MEMBER RESPONSIBILITIES &amp; COMMITMENTS</b>		
Please Initial		
	My category is industry exclusive and if I am approved, it will be my responsibility to devote myself to <b>servicing as the industry expert</b> to the group.	
	Giving back to the communities in which we live and work is a core philosophy of the group and I will support quarterly initiatives to further this mission. <i>(Don't forget to promote this on your website!)</i>	
	I understand that my colleagues are also working full-time to represent their categories and I will perform due diligence to understand their business and the types of referrals that are of value to them.	
	I will maintain all required licenses for my business in order to comply with state, federal or industry guidelines.	
	I understand that professional behavior and ethics are a requirement for membership. My membership may be terminated if these codes are considered to be violated, at the discretion of the Board.	
	Referrals are a core part of the Thrive! culture. I will proactively seek to <b>provide quality referrals</b> at every meeting.	
	Since referrals are the building block of our group, I will not be involved with similar referral groups (BNI, NRG, etc.) as this would conflict with my ability to generate referrals <u>solely</u> for my group.	
	I understand the importance of meeting attendance. The expectation is that failure to attend two (2) consecutive meetings or (3) meetings in a quarter may be cause for termination.	
	Our Sphere of Influence is the foundational building block of our group. I will invite guests on a regular basis to experience Thrive! Arundel to determine if they are a good fit.	
	I understand my financial obligations as outlined in the Payments section of this application. Quarterly dues will be paid by the first day of the quarter.	
	I understand that the information provided on this application and the subsequent interview will be used by the Board when voting on my membership. Membership decisions are made at the sole discretion of the Board, based on the culture of the group, the needs of the group, and what the member may be able to contribute to our community.	
	I understand that my membership is contingent upon these responsibilities and my <b>fellow members having trust and confidence in referring business to me.</b>	
	I am eager to participate in THRIVE! and I understand the fee structure and mission of this community. I also understand that if my membership is terminated, all dues are non-refundable.	
	All materials, forms, referrals and meeting content is considered proprietary and confidential and may not be shared, without express written consent from the Executive Director.	
Signature:	Date:	



LetYourBusinessThrive.com

FOR MEMBERSHIP TEAM USE ONLY		
Inspected By:		Date:
Projected Member Start Date:		First Payment Dues Would Be:
Is business in good standing?		
Are website and business cards professional?		
Was new member questionnaire reviewed with member?		
What are the strong referral partners for this potential member?		
What new referral partners would make sense for this potential member?		
Is there any potential conflict regarding the requested industry category?		
Is the product or service reputable and of benefit to the group?		
Is the prospective member associated with any other networking groups? If so, which ones? Will these interfere with the member's ability to refer business solely to this group?		
Does the member understand the culture of THRIVE and will they positively impact the group?		
Additional Comments:		
Recommend for Approval?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:
Voted On:		
Welcome Certificate Sent:		
New Member Orientation:		
Badge Ordered:		