



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? Expiration Date?
Office #:	Mobile #:	
Email:		
Website:		
Address:		
City:	State:	ZIP Code:

MEMBERSHIP INFORMATION

<input type="checkbox"/> Annual Membership: \$345 Annual Fee + \$99/quarter <input type="checkbox"/> Additional Member – Same Company \$50/quarter <input type="checkbox"/> Company OR Representative Replacement or Change (\$50 fee)					
Sponsor: (Member who referred you)					
Who is your ideal customer and/or describe a great referral for you?					
What is your average 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?					



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VOLUNTEER?		
Our organization is volunteer driven and members are expected to serve in a volunteer capacity at some point during the year. Which of the following would you like to volunteer for?		
	Chair	Serve on Committee
Membership:		
Charity:		
Education:		
Special Events:		
Secretary:		
Referral:		
Elevator Speech/ Public Speaking Coach:		
MEMBER RESPONSIBILITIES & COMMITMENTS		
Please Initial		
	My category is industry exclusive and if I am approved, it will be my responsibility to devote myself to working full-time to represent my category and serving as the industry expert to the group.	
	I understand that my colleagues are also working full-time to represent their categories and I will do my 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 either of these codes is considered to be violated, at the discretion of the Board.	
	Referrals are a core part of the Thrive! culture. I will strive to provide quality referrals at every meeting. I understand that in order to provide referrals, I must be diligent about uncovering referral opportunities.	
	Since referrals are the building block of our group, I will not be involved with similar or competing referral groups (BNI, NRG, etc.) as this would obviously 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.	
	Time is of the essence. Arriving late or leaving early are disrespectful to fellow members and excessive tardiness may be cause for termination.	
	Guests are the foundational building blocks of our group. I will invite appropriately screened guests (in non-competing industries) to experience Thrive! Arundel to determine if they are a good fit.	
	I will make an effort to sponsor one new member each year.	
	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 fellow members having trust and confidence in referring business to me. I understand that my membership may be terminated at any time if I am no longer a viable referral partner and that, in such event, all dues are non-refundable.	



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I am eager to participate in THRIVE! and I have read the fee structure, program requirements and understand the level of commitment involved in becoming a member 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 Director.

Signature: _____ Date: _____

PAYMENT INFORMATION

Membership dues are payable as follows. Membership dues may be reviewed and changed annually. **Payment by check should be made to: Thrive! Arundel.**

Please Initial: _____ Payment to be made by:

Annual Dues of \$_____ will be due on the date of application acceptance and membership approval. Check
 Credit Card (a 5% surcharge will apply)

Quarterly Dues of \$_____ will be **due on the 1st day of each quarter** (Jan, Apr, Jul, Oct). Check
 Credit Card (a 5% surcharge will apply)

Automatic Renewal: Membership dues will be automatically renewed and charged in accordance with the schedule outlined above. Check
 Credit Card (a 5% surcharge will apply)

If by credit card, please complete the following information and authorization:
 I authorize Thrive! or Ideas360 to charge my credit card in accordance with the schedule outlined above. A 3% surcharge will apply. Unless revoked in writing, this authorization will be used for annual dues, quarterly dues and automatic renewals.

Name on CC: _____ Expiration: _____

Billing Zip: _____ CVV: _____

**PAYMENT HISTORY
(Administrative Use Only)**

Member Status	Annual Dues	Quarterly Dues								Membership	
		Q1 Amt	Paid	Q2 Amt	Paid	Q3 Amt	Paid	Q4 Amt	Paid	Start Date	End Date
	\$										

Comments: _____



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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:		