



LetYourBusinessThrive.com

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

I am applying for membership in: <input type="checkbox"/> Anne Arundel <input type="checkbox"/> Baltimore			
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 social media platforms do you use to generate new business?					
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?					
Signature:			Date:		



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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:		
MEMBER RESPONSIBILITIES & COMMITMENTS		
Please Initial	Your initials indicate your agreement with and acceptance of these responsibilities and commitments.	
	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 strive to provide quality referrals at every meeting. Failure to provide at least 2 qualified referrals per month may be cause for termination.	
	I will maintain all required licenses for my business in order to comply with state, federal or industry guidelines.	
	I understand that professional behavior, honesty and ethics are core values of Thrive! My membership may be terminated immediately if these codes are violated, at the sole discretion of the Executive Director.	
	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 to experience Thrive! Arundel and I will make an effort to sponsor one new member per 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. Failure to pay dues in a timely manner may be cause for termination.	
	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.	
	All materials, forms, referrals and meeting content is considered proprietary and confidential and may not be shared without express written consent from the Director.	
	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.	
	I understand that Thrive! promotes the group and it's members in a variety of media and marketing materials and member authorizes and consents to the use of all photographs for the purposes of promoting the group.	



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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. Credit card payments are subject to a 5% surcharge.	
Please Initial:	Invoices are emailed quarterly and due upon receipt.
	Annual Dues of \$_____ will be due on the date of application acceptance and membership approval.
	Quarterly Dues of \$_____ will be due on the 1st day of each quarter (Jan, Apr, Jul, Oct).
	Annual Discount: Member may deduct 5% if all annual and quarterly dues are paid in full prior to Feb 1.
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:	