



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"/> Associate 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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<b>VOLUNTEER?</b>	
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?	
	<b>Chair</b>
	<b>Serve on Committee</b>
Membership:	
Charity:	
Referral:	
Social:	
Breakfast Greeter:	
<b>MEMBER RESPONSIBILITIES &amp; COMMITMENTS</b>	
<b>Please Initial</b>	<b>Your initials indicate your agreement with and acceptance of these responsibilities and commitments.</b>
	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 will do my due diligence to understand other members' business and the types of referrals they seek. I will strive to provide <b>quality</b> referrals at every meeting. Failure to provide at least 2 qualified referrals per month may be cause for termination.
	Guests are the foundational building blocks of the 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 will maintain all required licenses for my business in order to comply with state, federal or industry guidelines.
	I understand that the culture of the group includes developing synergies, demonstrating professional behavior, honesty and ethics at all times. 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. Arriving late or leaving early are disrespectful to fellow members and excessive tardiness may be cause for termination.
	Annual dues renew and are payable by Jan 1 each year. Quarterly dues are payable by the first day of each quarter. Failure to pay dues by the due dates may cause your category to be available and/or your membership to be terminated.
	I understand my financial obligations as outlined in the Payments section of this application. 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 is not guaranteed and 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.
	I understand that if I am unable to attend a meeting, I am required to find a replacement for any responsibilities I have such as spotlight, peer to peer, etc.



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PAYMENT INFORMATION	
<p>Membership dues are payable as follows. Membership dues may be reviewed and changed annually. <b>Payment by check should be made to: Thrive! Business Communities.</b> All credit card payments are subject to a 5% surcharge. Invoices are <b>emailed</b> quarterly and due upon receipt.</p>	
Please Initial:	Where should invoices be <b>emailed</b> :
	Annual Dues of \$_____ will be due on the date of application acceptance and membership approval. Annual dues renew and are due each Jan 1.
	Quarterly Dues of \$_____ will be <b>due on the 1<sup>st</sup> day of each quarter</b> (Jan, Apr, Jul, Oct).
	Annual Discount: Member may deduct 5% if all annual and quarterly dues are <b>paid in full</b> by Jan 15.
FOR MEMBERSHIP TEAM USE ONLY	
Interviewed By:	Date:
Projected Member Start Date:	
<p>A <b>headshot and link to website</b> should be forwarded <a href="mailto:LetYourBusinessThrive@Gmail.com">LetYourBusinessThrive@Gmail.com</a> immediately so that the member can be added to the website, if approved.</p>	
Is business in good standing?	
What does the member believe they can contribute to the group?	
Are member's website and business cards professional?	
Were membership responsibilities and commitments initialed and reviewed with prospective member? Are there any responsibilities or issues that need to be addressed further?	
What are the strong current referral partners for this potential member?	
What <b>new</b> industry categories would make sense for this potential member?	
Is there any potential conflict regarding the requested industry category?	
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 member understand the dues structure? Dues will be invoiced and due immediately upon acceptance/approval. Annual dues will only be pro-rated after July 1.	
Does the member understand the culture of THRIVE and will they positively impact the group?	
Does member have an associate member or substitute they would like to invite to an upcoming meeting?	
Additional Comments:	