

# REFERRALS CLUB MEMBERSHIP APPLICATION

Date of Application \_\_\_\_\_

\_\_\_\_\_  
Legal Business Name

\_\_\_\_\_  
Business Classification

\_\_\_\_\_  
First Name      Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Co-Applicant (if any)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Voice Phone

\_\_\_\_\_  
Text Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Company or Individual Membership?

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Website Address

License Information:

\_\_\_\_\_  
City # / Exp Date

\_\_\_\_\_  
Contractors # / Exp Date

\_\_\_\_\_  
Other License # / Exp Date

How long have you been in this business in Lake Havasu City? \_\_\_\_\_

Previous Business Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Trade References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Other Clubs and Organizations of Which You Are A Member:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a Brief Explanation of Your Product or Service:

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What do you think you can contribute to the Referrals Club?

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What do you expect to gain from being a member of the Referrals Club?

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I agree to and understand the following Club Commitments:

1. If I or an alternate miss more than 12 meetings in a year, the membership will be subject to forfeiture.
2. I will give referrals to other members at least twice each month.
3. I will purchase my business and personal goods and services from a fellow member whenever possible.
4. I have read and will abide by the By-Laws of the Referrals Club.
5. I will promptly pay membership and other fees invoiced by the Referrals Club.  
(Currently dues are \$15.00 per meeting billed quarterly. New membership is \$150. Renewal fee is \$75 each year)
6. I will attend the monthly Club Mixer or have a member of my firm attend whenever possible.
7. I will serve as Greeter, Showboater and Speaker when assigned.
8. Within 3 months of joining, I will visit all members' businesses and have them sign the "green sheet".  
(Failure to complete this will subject your membership to forfeiture.)
9. I have reviewed the Referrals brochure and am not aware of any conflicts between my products/service and those of any current Referrals member.

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APPLICANTS SIGNATURE

Date

Name of Sponsor \_\_\_\_\_