

# REFERRALS CLUB MEMBERSHIP APPLICATION

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

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

\_\_\_\_\_  
Classification

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Title

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

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

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

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

\_\_\_\_\_  
E-mail 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:

---

---

---

---

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

---

---

---

---

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

---

---

---

---

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 \$10.00 per meeting billed quarterly. Renewal fee is \$75 each year)
6. I will visit the Businesses of the Month and will attend the monthly Club Mixer.
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 a club brochure.  
(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.

---

APPLICANTS SIGNATURE

Date

Name of Sponsor

---