

**Referral Partners @ Rock Bottom
Application for Membership**

The undersigned company/person is applying for membership with the Referral Partners and agrees to abide by the standard terms and conditions as described below.

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail address: _____ Website: _____

Type of business: _____ Date Established _____

Role in Company: _____

Other Networking groups: _____

What would you get from joining Referral Partners? _____

What would Referral Partners gain from having you as a member? _____

TRADE REFERENCES

#1	Name: _____	#2	Name: _____
	Address: _____		Address: _____
	Phone: _____		Phone: _____

I state that the above information is accurate and true. I agree to the non-refundable annual membership fee of \$60.00, as well as the non-refundable one time \$40.00 application fee. If this membership application is accepted, I agree to abide by all the terms and procedures (weekly attendance, providing quality leads, inviting visitors and ethical treatment of my members) of the Referral Partners.

Member Signature: _____ Date: _____