



Date (MM/DD/YYYY):	Applicant Name:
Business Name:	
Position in Company:	
Business Address:	
Phone (Work):	Phone (Cell):
Email:	
Website:	
I give REN and its executive team and members' permission to send communications pertaining to my participation within this club to the email provided on this application. <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL REPRESENTATION

Professional Classification (be specific):	
Nature of Business/Service:	
Number of Years in Business:	Estimated Annual Gross Sales:
Who are your customers?	

EXPERIENCE & CREDENTIALS:

Experience in Professional Classification:
Length of time in Professional Classification:
Education Background in Professional Classification (including Licenses or Credentials):
Has your license (if applicable) ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>
Is the Professional Classification under which you are applying your primary occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No

STANDARDS & EXPECTATIONS

Are you able and willing to make the commitment to attend the monthly scheduled REN meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing and able to send a substitute if you are unable to attend a meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing and able to bring referrals and/or visitors to the group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your company belong to other networking organizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>

FEE SCHEDULE

\$250.00 annual fee (due in January of each year) \$30.00 per month for breakfast <i>Monthly dues remain payable in the event of an absence. Members are encouraged to have a substitute attend in their place.</i>

BUSINESS REFERENCES

(1) Name:	Position:
Business:	
Phone:	Email:
Relationship:	
(2) Name:	Position:
Business:	
Phone:	Email:
Relationship:	

TERMS & CONDITIONS

1. Only one person from each professional category is permitted to join the Referral Exchange Network (REN). The Executive Committee has final authority regarding any new membership applications. Confirmation of acceptance or non-acceptance will be provided to applicants in writing within seven (7) days of application.
2. Members must represent their primary occupation.
3. Attendance is critical to the group. A member may send a substitute in the event they are not able to attend. Continued absences will be reviewed by the Executive Team and may result in removal from REN.
4. Monthly dues remain payable in the event of an absence. Members are encouraged to have a substitute attend in their place.
5. Members are expected to bring genuine referrals and/or visitors to the REN.
6. Members who wish to change their classification must submit a new membership application and get approval from the Executive Committee for that classification change. It must be clear that if two members provide the same service, who has first right to represent that category in the club.
7. In case of problems with a member, the Executive Committee may, at their sole discretion, put a member on probation relating to the member's business practices or commitment to the REN.
8. Memberships may be revoked for failure to comply with the policies and/or the code of ethics of REN by the Executive Committee.
9. Members will pay annual and monthly dues. In the event a member wishes to end their relationship with the REN, paid dues will not be refunded.

I hereby declare that all statements contained in this application and any accompanying documents are true and correct. I understand that any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination of my membership. I agree and accept that I will abide by all the terms and conditions set forth herein.

Applicant Name:	Applicant Signature:
Date:	

REN MEMBERSHIP COMMITTEE USE ONLY

<input type="checkbox"/> Verified Information and References
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <i>If declined, reason:</i>
Date Applicant Notified of Membership Decision:
Signature of Membership Committee Authorized Member:
Name of Membership Committee Authorized Member: