

# San Diego Referral Network

## Membership Application Form

Date of Application:		Date of Membership:
Applicant Name:		Web Site:
Business Category:		E-Mail:
Business Name:		Cell Phone:
Business Address:		Business Phone:
City & State:	Zip:	Fax Number:
<b>Business Segment</b>		<b>Membership Dues</b>
Business Description (Describe products and/or services):		Annual Membership Fee: \$225.000 Quarterly Dues: \$25.00
		Total Due Upon Joining: \$250.00
Business Experience in this Market Segment (Be specific):		Amount Paid:
		Date Paid:
		Applicant Signature:
<b>Applicant Qualifications</b>		
1. Is the business segment for which you are applying a full or part-time occupation?		
2. How long have you been with the company you are representing today?		
3. Are you willing and able to make the commitment to arrive at our twice monthly Thursday morning meetings on time and stay throughout 90 minutes?		
4. Are you willing to abide by SDRN policy guidelines and by-laws?		
5. What do you expect to contribute to SDRN?		
6. What is your ability to bring qualified referrals or visitors?		
7. Do you belong to other networking organizations? ____ If yes, please describe:		

**Note:** Membership fees are not reimbursable and this includes, but is not limited to the following: A Member's decision to leave the group, Consecutive non-attendance, Lack of participation as defined by the SDRN organization.