



WHATCOM REFERRAL NETWORK

APPLICATION FOR MEMBERSHIP

Rev. 1/18/17

DATE: _____

Applicant's Name:
Business Name:
Business Address:
City: _____ State _____ Zip _____
Is this your primary business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is it?
Briefly Describe your Product or Services:
Referred by:

E-mail Address
Business Phone _____ (____) _____
Home Phone _____ (____) _____
Cell Phone _____ (____) _____

Application Fee:	\$ 25.00
Annual Membership Fee:	\$ 125.00
Paid By:	
Check	_____
Other (by arrangement only)	_____
Details of Arrangement:	_____
<i>Application fee is non-refundable Include fees with application.</i>	

Applicant's Signature

A. What is the relationship you have with the business you represent? _____
(Owner, Officer, Member, Employee, etc.)

B. How long have you participated in the business? _____

C. Please list three people or businesses that we can contact regarding your product or service :

Name: _____

Phone/email: _____

Name: _____

Phone/email: _____

Name: _____

Phone/email: _____

D. In what ways will you contribute to Whatcom Referral Network? _____

E. List all other networking organizations.

Whatcom Referral Network is pleased that you have chosen to apply for membership.
Our membership committee will consider your application.