



# MEMBERSHIP APPLICATION

Annual Participation Fee: \$120

- Non-refundable
- Make checks payable to Cash

## APPLICANT INFORMATION

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME (Last)	(First)	(M.I.)	BUSINESS NAME		
BUSINESS ADDRESS		CITY	STATE	ZIP	
CELL PHONE (    )	EMAIL	WEBSITE			
BUSINESS CLASSIFICATION	LENGTH OF TIME IN PROFESSION	IS THIS YOUR PRIMARY OCCUPATION?			
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
How were you referred to Santa Barbara Referral Marketing Group?					
_____					

## REFERENCES

Business references:				
NAME	RELATIONSHIP	WORK PHONE	TITLE	YEARS KNOWN
		(    )		
		(    )		
		(    )		

## LICENSES & CERTIFICATIONS

List any Licenses or Certifications you currently hold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, general reputation, licensing, professional background, subject to applicable federal, state and/or local laws.

In the event of acceptance to the group, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal without refund. I understand, also, that I am required to abide by all rules and regulations of the Santa Barbara Referral Marketing Group.

I agree to arrive at the weekly meetings on time and stay the entire 60 minutes. I will send a substitute when unable to attend, and will bring referrals and visitors to the group.

**X** \_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 DATE SIGNED