



Membership Application

ALL POTENTIAL GROUP MEMBERS ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

How did you learn about Referral Link? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other Phone _____

Email Address: _____

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to your experience and expertise pertinent to Referral Link membership: _____

CURRENT EMPLOYMENT

1. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Duties Performed _____

Is this position full-time? _____

Preferred job classification for group membership purposes: _____

REFERENCES

Please do not give family members as references. All references must have 1st hand knowledge of your business/services. Please give 4 references- we must have 3 completed before we make a membership decision.

Name of reference: _____

Relationship: _____

Phone #: _____

Name of reference: _____

Relationship: _____

Phone #: _____

Name of reference: _____

Relationship: _____

Phone #: _____

Name of reference: _____

Relationship: _____

Phone #: _____

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for Referral Link Membership as may be necessary in arriving at a decision concerning membership in the group.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an "at will" nature, which means that the group member may resign at any time and the owner of Referral Link may discharge a group member at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Referral Link. However, being discharged from the group does not alleviate any residual financial obligation due Referral Link.

In the event of group membership, I understand that false or misleading information given in my application may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Referral Link .

Signature of Applicant

Date

In order to be considered for membership, this application must be submitted with a payment.

\$180 for 6-months membership

And then \$30 per month on electronic draft

Please include payment for \$180 and voided check for draft purposes

Drafts will start 6-months from date of application

Drafts will be stopped upon written notice from member

Member may request specific time of month for draft

Send payment and application to:

Referral Link

4601 50th St., ste. 211

Lubbock, TX 79414

For questions, please call (806) 589-0400 or visit our website at www.referrallink.net.

I understand the dues structure of Referral Link and that failure to pay dues will be grounds for losing my membership and classification. I also understand that once monthly drafts start they will continue until I notify Referral Link in writing of my intention to give up my membership.

Signature of Applicant

Date

REFERRAL LINK MEMBERSHIP RULES AND BENEFITS

Member obligations:

1. Attend all meetings or send a substitute. Otherwise, members may miss 4 meetings during a 6-month period. If a member misses more than 4 meetings during 6-months, then the member must meet with the membership committee, explain their absences and the membership committee will decide if the member may continue to participate in Referral Link.
2. Members must make referrals to other members in the group. Members need to average 5 referrals per month. Referrals are not just the passing of names. We expect personal introductions.
3. Members must bring guests to Referral Link. Members need to bring at least one guest per month.
4. Members must bring the name, address, phone number and email address of one potential new member each week. Members must average four referrals for Referral Link Membership per month. Referral Link management will follow up with these individuals for group membership.
5. Members must provide their services in a professional manner. It is important for all Referral Link Members to know that they are referring their contacts to good, honest and professional services/businesses.
6. Members should do business with other members as much as possible.

Member benefits:

1. Members receive referrals from other Referral Link Members.
2. A members business classification is protected for that day's group. Example: A member joins under the category of "Realtor" in the Tuesday group. Once this member is accepted, no one else will be allowed to enter or ask for referrals under the classification of "Realtor" in the Tuesday group. No individual may work under 2 classifications or join more than one Referral Link group. This helps all of us get the most we can from the group.
3. Members receive business consultations.
4. Members receive free training opportunities.
5. Members can participate in free and discounted advertising programs. These programs can and will change with or without notice.

Referral Link reserves the right to change benefits and rules at any time, but will always do so with the intention of helping it's members.

Signature of applicant

Date