



# 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: \_\_\_\_\_

May we include your email to receive the Referral Link Deal of the Day? Y or N

Highest level of education: H.S. diploma some college bachelors degree masters degree doctorate (circle one)

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 #: \_\_\_\_\_

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. I also acknowledge that by signing this form I am giving Referral Link permission to send me emails to the account provided on this application.

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 \_\_\_\_\_

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\_\_\_\_\_  
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 (or just pay \$180 every 6-months)

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

4630 50th St., ste. 110

Lubbock, TX 79414

For questions, please call (806) 589-0400 or visit our website at [www.referrallink.net](http://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 (if we pay dues in this manner) 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 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.
5. 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 the specific group they join. Example: A member joins under the category of "Realtor." 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.

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Signature of applicant

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Date