

P.O. Box 3027
Easton, PA 18043



REFERRALWEB

Where Businesses Connect

POLICIES

Visit our website to review the most current policies and answers to most frequently asked questions. A printed copy is available upon request.

CLASSIFICATION CONFLICT

Each chapter accepts only one team member per classification (or profession) so that there is no competition within the chapter for referrals.

Membership in another close-contact network is considered to be a classification conflict. Choosing between the members of two different groups when you have a referral is not loyal to the members of either group. Passing the same referral to two different people is not a qualified referral.

CLOSE-CONTACT NETWORK

- Meets regularly (more than once a month)
- Meets for the purpose of passing referrals
- Allows only one person per profession to join



Mailing address:
P.O. Box 3027
Easton, PA 18043

610.515.9767

www.referralweb.net

ver. 1.10

Team Member Application



www.referralweb.net

Team Member Application

TEAM MEMBER INFO

Identify which Team Member Info fields you would NOT like posted on the online directory by marking the boxes with an "x".

Name

Company

Business Address

City State Zip

E-mail Address

Website Address

Work Phone

Fax

Mobile Phone

Who introduced you to ReferralWeb?

CHAPTER

Please enter for which chapter you are applying.

=====

BUSINESS CLASSIFICATION

Please describe your business products, services, and/or profession. We will consider this information in the future when accepting new applications.

=====

BUSINESS REFERENCES

Please provide three business references that can be contacted during the application review process.

Name: _____

Relation: _____

Phone: _____

Name: _____

Relation: _____

Phone: _____

Name: _____

Relation: _____

Phone: _____

MEMBERSHIP FEES (CHOOSE ONE)

Morning meeting:

One-time Registration: \$65

Quarterly Membership: \$60

Total Amount: \$125

Midday meeting:

One-time Registration: \$65

Quarterly Membership: \$67

Total Amount: \$132

Evening meeting:

One-time Registration: \$65

Quarterly Membership: \$72

Total Amount: \$137

Paid by: ___ cash ___ check #
 ___ credit card (via referralweb.net)

Please send your application and payment to our mailing address. Checks should be made payable to ReferralWeb. Use the Send Money feature on our website to pay by credit card. Use your last name as the reference number.

Your application will be reviewed and you will be notified of your acceptance before the next meeting. After your acceptance as a team member, membership fees and registration fees are non-refundable.

I have read this application and reviewed the online information. I agree to be subject to their contents.

 Signature

 Today's Date