



NEW BERN BUSINESS REFERRAL NETWORK

MEMBERSHIP APPLICATION

The mission of the New Bern Business Referral Network is to provide a weekly forum for members to promote their businesses by building relationships through the exchange of good, qualified leads and referrals. The membership is made up of individuals of high integrity representing different fields of endeavor, limited to only one member from each field. The friendships formed among members become “power partners” with a goal to become a collectively powerful sales force for one another.

Date: _____

Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Cell phone: _____

e-mail: _____

Business Website: _____

Business Description: _____

Is this a full-time or part-time occupation? _____

How long have you been with the company you are representing? _____

What do you expect to be able to contribute to this organization?

Do you belong to other networking organizations, if so, please list them?

What do you hope to gain from this organization?

Business References:

Have you ever been convicted or arrested for a felony? No _____ Yes _____

If yes, please explain: _____

As a member of the New Bern Business Referral Network, you or a representative from your company are expected to:

Attend meetings a minimum of once a month.

Participate in the Network by giving qualified referrals.

Participate in one-on-ones at least once a month with another member.

Pay dues promptly.

Website: www.newbernreferrals.com

Mailing Address: P.O. Box 14171, New Bern, N.C. 28562