

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Name / Profession: \_\_\_\_\_ Birthday (Mo/Day): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

e-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Describe your business / profession: \_\_\_\_\_

\_\_\_\_\_

How long in this business / profession? \_\_\_\_\_ In the Austin Area?  Yes  No

How did you hear about the Round Rock Referral Network? \_\_\_\_\_

Why do you want to join the Round Rock Referral Network group? \_\_\_\_\_

\_\_\_\_\_

Yes  No If you did not receive a referral within 2 months, would you still commit to regular attendance weekly?

Yes  No Have you personally met with the 3 management team members or a "One-To-One" to find out more about them and their business / profession and tell them about yours?

Who have you met with?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Yes  No Have you met the 4-3-4 requirement? (4 Meetings, 3 One-On-Ones, All In 4 Weeks)?

Three references: (Non Round Rock Referral Network Members)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Round Rock Referral Network is industry-exclusive (only one individual / business per person per profession). Your signature indicates your understanding that attendance and participation is mandatory.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

For Official Use Only: \_\_\_\_\_

Board

Approvals: \_\_\_\_\_

Alessi

Gangey

Speer

Membership Effective Date \_\_\_\_\_