

# Mansfield Referral Association – Member Application

Chapter Name: \_\_\_\_\_ Dates Visited \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Sponsor's Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe Product or Service: \_\_\_\_\_

Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Experience in Occupation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Education and Qualifications (You may attach your license or resume.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the category you are applying for full time? \_\_\_\_\_ How long with the company? \_\_\_\_\_

Will you make the commitment to arrive at our weekly meetings on time? \_\_\_\_\_

Will you abide by the rules and regulations established by the leadership of MRA? \_\_\_\_\_

Will you have a substitute from your organization available in the event you are unable to attend? \_\_\_\_\_

Have you ever been a member of the MRA? \_\_\_\_\_

Do you belong to other networking organizations? \_\_\_\_\_ Please list those organizations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you expect to contribute to this club? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete both sides

Can you bring creative ideas and suggestions to the group? \_\_\_\_\_

Will you refer business and ideas to each member of the group? \_\_\_\_\_

Are there any members in the group you feel you cannot refer business to? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If applicable, do you have workman's compensation and general liability insurance? \_\_\_\_\_

**Personal Reference:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Business \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Relationship \_\_\_\_\_

**Professional References:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Business \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business Relationship \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Business \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business Relationship \_\_\_\_\_

- 1. Member cannot belong to another leads group.
- 2. Member must represent their primary occupation, which must be full time.
- 3. Member may only miss 5 meetings per 6-month period.
- 4. Only one person per business classification allowed to join each chapter.

**Quarterly Membership Dues (\$150.00)**

To be included with Application (personal or company check or Money Order) \$ \_\_\_\_\_

Dues will be paid by Individual  Business  (Check One)

Mail to: Mansfield Referral Association, 1600 Lexington Avenue, Mansfield, Ohio 44907

\_\_\_\_\_  
Signature Date

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MRA Membership Committee comments \_\_\_\_\_

\_\_\_\_\_

Date Received \_\_\_ / \_\_\_ / \_\_\_ Application Complete \_\_\_\_\_ Better Business Bureau \_\_\_\_\_

References \_\_\_\_\_ Funds Submitted \_\_\_\_\_ Date Inducted \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

Director of Membership