

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 Credit Card)

\$ _____

Dues will be paid by **Individual** **Business** (Check One)

Signature

Date



MRA Membership Committee comments _____

Date Received ___/___/___ Application Complete _____ Better Business Bureau _____

References _____ Funds Submitted _____ Date Inducted _____

Approval _____ Date _____

Director of Membership