TRN Membership Application

Name:		The Referral Network
Company Name:	_ Your Title:	
Work Phone Number	_ Cell:	
Email Address:		
What is your role and responsibilities with your current company?		
Which specific business category are you applying to represer	nt?	
How long have you been in business / with this company?		
What additional network business organizations or community groups do you belong to?		
Please provide the names, business and phone numbers of th 1.		
<u>2.</u> <u>3.</u>		
How did you hear about The Referral Network (TRN)?		
Who is your sponsor?		
Mentor		
Are you currently a member of the Northern Cincinnati Chamb	er of Commerce? Y N	
With whom have you completed 1-2-1s?		_
Have you received the TRN Welcome pamphlet?	Y N	
Please attach a check made payable to Northern Cincinnati Chamber of Commerce for \$100. Memo line should note TRN. If you are not a member of the NC Chamber please also attach their membership application and a membership check for the <u>Individual</u> member fee.		
Application is: Accepted	Denied	
Date: Membership Chair Signature	·	_