



Membership Application

Office use only (Director initials required)
 Date received _____
 Web entry _____
 Badge _____ Net Kit _____
 Welcome/NMT info _____
 ID KO GC _____

Date: ____/____/____ Chapter Name: _____ City: _____ State: _____
 (if applicable)
 Name: _____ Business Name: _____
 Business Address: _____ Mailing Address: _____
 (If different)
 Phone: (____) _____ Mobile Phone: (____) _____ Birth date: ____/____/____
 Email : _____ Website: _____
 Transferred from another chapter? [] Yes [] No Chapter transferred from: _____
 (If yes, a transfer fee of \$50.00 must be included with application)
 Business Category: _____
 Describe your business category (be specific): _____
 Does your business require licensing? [] Yes [] No Certification? [] Yes [] No Accreditation? [] Yes [] No
 Is the business a: [] Corporation [] Sole Proprietor [] Partnership [] Other _____
 (Type of license and license number)
 Your position is: [] Owner [] Employee [] Independent Contractor [] Other _____ # of years in business? ____
 In the event you are unable to attend a meeting, who would your representative be? _____
 (Name)
 Is this your primary business? _____ Person who referred you to the chapter? _____
 Do you belong to any other networking organizations? _____ If yes, which one(s)? _____

PAYMENTS COLLECTED ARE NON-REFUNDABLE

Annual Membership Investment (12 months) : \$395 Enrollment /Transfer Cost: \$50 Total Payment: \$ 445.00
 Biennial Membership Investment (24 months) : \$685 Enrollment /Transfer Cost: \$50 Total Payment: \$ 735.00

For security purposes we will send a secure payment link upon approval.

Custom Name Badge Order Form
(please print legibly - 2 lines only)

Name: _____
 (18-21 characters maximum length)

Business: _____
 (22-25 characters maximum length)

Sign up for your
FREE New Member Training!
 Get tips and tricks on making the most of
 your TEAM membership. Look for an email
 with all the training dates and information.

With your signature below, you verify that you understand and agree to all terms on the front and back of this application.

Signature of applicant: _____ Date: _____

Prospective Member Interview Conducted [] Yes [] No
Approved by Membership Council [] Yes [] No Date: _____

Membership Council Signature: _____ **Name:** _____

Some of the Benefits of Membership in TEAM Referral Network

- Opportunities to network and build relationships with other professionals.
- At every meeting - you give a "One Minute Business Commercial".
- On a regular basis you give a "10 Minute TEAM Presentation".
- Time is scheduled during every meeting to give and receive referrals.
- New Member Training – to teach you about TEAM and how to benefit from your membership!
- Your member profile on the TEAM website to advertise your business to all of TEAM .
- Ongoing "Network Trainings" to improve your networking skills.
- Opportunity to give back to your community through our "Community Outreach Program".
- A "Networking Kit", including a custom name badge to help you promote yourself and others while out networking.
- TEAM member events (*local, regional and organization wide*).
- Leadership training and all necessary materials– for great meetings and a productive chapter.
- All needed local and administrative support from TEAM.
- And more!

Our Member's Creed

We will work together as a **TEAM** for the common goal of helping each member's business prosper through referrals. We will earn one another's trust and confidence by building strong relationships, educating one another about our businesses and conducting ourselves in a professional and ethical manner. We will actively participate in positive ways in our **TEAM** chapter to maximize every member's success. In this way, **Together Everyone Achieves More**.

I agree to adhere to **TEAM's Policies, Chapter Etiquette and Member's Creed, including but not limited to:**

General Policies

1. **One person per business category** is allowed to be a member of a TEAM chapter.
2. A member (*individual*) may only **participate in one chapter of TEAM at a time**. Members of TEAM also may not be a member of any other organization like TEAM (*allowing only one person per business category and whose focus is to develop referrals for it's members*).
3. As a member of TEAM you are **allowed four absences during the TEAM Leaders six month term**. You may send a representative in your place three times and will not be considered absent. There are also medical leaves available with Membership Council approval. (*Members who regularly arrive late or leave early during the meeting may have their membership put on probation or forfeited by the Membership Council*).
4. Members of TEAM must **follow up with referrals given** to them in a **timely and professional manner**.
5. Members of TEAM who want to **change their business category** must submit a new "Business Category Change" application and be **approved by the Membership Council**.
6. Members of TEAM **must attend New Member Training and complete their Member Profile on www.teamreferralnetwork.com** within the **first 60 days** of their membership. Members will not be added to the Speaker Line-Up until both tasks have been completed.
7. Members of TEAM who want to **transfer their membership** to another TEAM chapter or to someone from their company **must be a member in good standing** and a new application and applicable payment must be submitted. The member must be **approved by the Membership Council** of the new or existing chapter.
8. Members of TEAM who belong to a **multi-level marketing** company should **focus their marketing efforts on the products and/or services**, not the "business opportunity" part of their business.
9. Memberships in TEAM may be **put on probation or forfeited by the Membership Council** of the chapter for **failure to adhere to the Policies, Chapter Etiquette or Member's Creed of the organization**. The Membership Council also has authority relating to the member's business practices or problems with other members.