

**Gresham Referral Organization  
My Referral Club  
Member Application**

**Annual GRO Dues \$175**

Date: _____	
Applicant's Name First Last _____	
Business Name: _____	
Business Address: _____	
City: State: Zip: _____	
Describe Your Product or Services (be specific): _____ _____ _____	Phone: wk _____ Phone: Fax _____ Phone: Cell _____ Email: _____ website: _____
Sponsor's Name: _____	

1. Business Experience (be specific) \_\_\_\_\_
2. Professional Education include Licenses or Credentials required to perform in Field/Occupation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What percentage of your income is derived from this business? \_\_\_\_\_
4. How long have you been with this company? \_\_\_\_\_
5. Are you able and willing to abide by GRO Policies, guidelines, & Code of Ethics? \_\_\_\_\_
4. Who do you anticipate using as a substitute in the event you can't attend a meetings? \_\_\_\_\_
5. What will you contribute to this chapter? \_\_\_\_\_  
\_\_\_\_\_
6. What is your commitment to bringing referrals or visitors? \_\_\_\_\_  
\_\_\_\_\_
7. Have you ever been a member of a referral group (i.e. BNI, LaTip, etc)? \_\_\_\_\_ If yes, please list \_\_\_\_\_  
\_\_\_\_\_
8. Do you belong to other networking organizations? \_\_\_\_\_ If yes, please list \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever had a formal complaint or lawsuit filed against your business? \_\_\_\_\_

**BUSINESS REFERENCES**

List Business References:

(1) Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Business Relationship (describe): \_\_\_\_\_  
\_\_\_\_\_

(2) Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Business Relationship (describe): \_\_\_\_\_  
\_\_\_\_\_

I hereby declare that all statements contained in this application and any accompanying documents are true and correct. Any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination at GRO's discretion without any reimbursement. I further understand that my membership is conditional and I agree, accept and will abide by all the terms and conditions set forth herein and those contained within the Gresham Referral Organization Policies, Guidelines and Club Agreements. **Membership must be approved by 80% of existing members.**

Applicant's Signature NOTE: You may attach resume or biography for additional information. Thank you.