



Membership Application and Agreement

Name: First: _____ Last: _____
Address: _____ City: _____ State: _____ Zip: _____
Company: _____ Phone#: _____ Cell#: _____
Email: _____ Website: _____
Category: _____ Referred by: _____

Our mission is simple: **to help each other succeed.** By connecting with other professionals who share a commitment to excellence, integrity and follow through. You can expand your network, strengthen client relationships and confidently refer your clients to other trusted experts.

Requirements:

- Actively share referrals and business leads.
- Attend meetings on a regular basis (in person or online).
- Support each member and abide by ethical business standards.
- Provide high-quality service that reflects well on all members.
- Maintain a current license, accreditation, and/or insurance deemed necessary to work in my category.
- Exclusive Category or Subcategory representation, conflicts of interest are disallowed.
- Notify a member in advance if unable to attend a meeting.
- I agree to act and dress like a business professional.
- Invite guests to meetings.

A current member will personally meet with you and review your application. There will be a vote by all members to confirm your application.

Annual Fee: The annual membership dues are \$200.00, collected in January of each year and prorated based on your start date. Failure to pay can lead to your termination from the group.

Applicant Acceptance and Signature -

My signature below attests that I understand and agree to abide by Suburban Referral Partners Application Agreement, Requirements and Fee structure.

Signature: _____ Date: ____ / ____ / ____

204 W Wing St
Arlington Heights, IL 60005