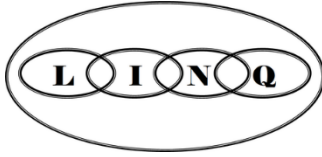




# REFERRAL NETWORKING GROUP MEMBER APPLICATION



Learn about people and professions in multiple industries  
Integrate resources and relationships to target real growth  
Network to gain trusted partners across industries  
Qualify leads and referrals for optimal outcomes

• TO BE COMPLETED BY NEW MEMBERS •

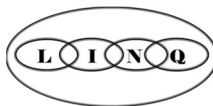
PLEASE PRINT AND ANSWER ALL QUESTIONS ON THIS PAGE

Business Name			Applicant's Name	
Business Address			Business Phone Number	
City	State	Zip	Cell Phone Number	
Website			Email Address	

Application Category:	
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## GENERAL POLICIES

1. Only one person from each professional classification is permitted to join. The Membership Committee has final authority relating to classification conflicts.
2. Members must represent their primary occupation, not a part-time business.
3. The weekly meetings last for 90 minutes. Members need to arrive on time and stay for the entire meeting.
4. Attendance is critical to the group. If a member cannot attend, he/she may send a substitute to the meeting. This will not count as an absence. A member is allowed three absences every six months (September through February and March through August) More than this and the member's classification is subject to being opened by the Leadership Team or Membership Committee.
5. Members are requested to bring bona-fide referrals and/or visitors to meetings.
6. A member's classification may be opened for failure to comply with the policies and/or the code of ethics.
7. Members **MUST** be members of the Portland Regional Chamber of Commerce, with all dues paid at the time of their application being submitted.



## NEW MEMBER APPLICATION

### ABOUT YOU

1. What is the primary product or service you offer?

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2. If your company or business offers multiple services (i.e. commercial and residential such as in banking or real estate) Please list in order of importance to you the line of business you would like to focus on in LINQ:

1. 

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2. 

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3. 

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4. 

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3. If given a lead/referral, do you work directly with the person referred to you in providing your products and/or services?

☐ YES

☐ NO\*

*\*If no, please explain:*

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4. Describe your experience in your field/occupation (be specific):

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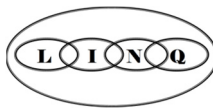
5. Describe your educational background in your field/occupation. Include degrees, licenses or credentials required to perform your job:

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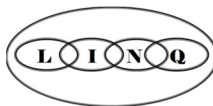
## NEW MEMBER APPLICATION

6. Is the occupation under which you are applying for membership, a full or part-time occupation? ☐ FULL-TIME ☐ PART-TIME
7. How long have you been with the company you are representing today? \_\_\_\_\_
8. Are you willing and able to commit to arriving at the meeting on time and staying throughout the 90-minute meeting? ☐ YES ☐ NO
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## PORTLAND REGIONAL CHAMBER OF COMMERCE REFERRAL NETWORKING GROUP CODE OF ETHICS

Upon acceptance to the Portland Regional Chamber of Commerce's Referral Networking Group, I agree to abide by the following Code of Ethics during the tenure of my participation in the group:

1. I will provide the quality of services at the prices that I have quoted.
2. I will be truthful with the members and their referrals.
3. I will build goodwill and trust among members and their referrals.
4. I will take responsibility for following up on the referrals I receive.
5. I will display a positive and supportive attitude with Referral Group Networking members.
6. I will live up to the ethical standards of my profession.



NEW MEMBER APPLICATION

## BUSINESS REFERENCES

Name	Title/Position
Business Name	Phone
Business Relationship (describe)	

Name	Title/Position
Business Name	Phone
Business Relationship (describe)	

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Applicant Signature

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Date