



Cleveland-Akron Referral Group

MEMBER APPLICATION FORM

(Please print clearly)

Name _____ Date _____
Last First MI

Company _____

Address _____
Street City State Zip

Phone Office _____ Cell _____

Email _____ Website _____

Industry Classification (Please be specific) _____

Briefly describe your company: _____

What is your core business line _____

If there is already a member representing your core business line, is there a secondary business line _____

Is this your primary occupation? YES NO

Licensure & Experience _____

Has your license(s) ever been revoked or suspended YES NO If YES, please describe _____

How long have you been in this industry _____

Are you a member of similar referral group? YES NO If answer YES, please list: _____

The Referral Groups depend on regular attendance and participation to be successful. The Groups will be meeting from 7:30 – 8:30 a.m. on the 1st & 3rd Wednesday every month. The Chamber reserves the right to charge a small yearly fee to cover program expenses.

I certify that the answers given herein are true and complete to the best of my knowledge.

_____/_____
Signature Date