

TRN Membership Application



TRN
The Referral Network

Name: _____

Company Name: _____ Your Title: _____

Work Phone Number _____ Cell: _____

Email Address: _____

What is your role and responsibilities with your current company?

Which specific business category are you applying to represent?

How long have you been in business / with this company? _____

What additional network business organizations or community groups do you belong to?

Please provide the names, business and phone numbers of three business referrals:

1. _____
2. _____
3. _____

How did you hear about The Referral Network (TRN)?

Who is your sponsor? _____

Mentor _____

Are you currently a member of the Sharonville Chamber of Commerce? Y N

With whom have you completed 1-2-1s? _____

Have you received the TRN Welcome pamphlet? Y N

Please attach a check made payable to Sharonville Chamber of Commerce for \$100. Memo line should note TRN. If you are not a member of the Sharonville Chamber please also attach their membership application and a membership check for the Individual member fee.

Application is: Accepted _____ Denied _____

Date: _____ Membership Chair Signature _____