



Membership Application

I am interested in becoming a member of the Valley Referral Network. I understand and have read the VRN mission statement and hereby affirm my commitment to support it. I have also read the membership guidelines as stated under Prospective Members on the VRN website.

1. Name: _____

2. Business name: _____

3. Position/Title: _____

4. Business address: _____

5. Website: _____

6. Email: _____

7. Phone numbers – Home: _____ Work: _____ Mobile: _____

8. Profession/Goods/Services: _____

9. Business license or certificate number: _____
(please provide a copy)

10. How long in this line of work? _____

11. Bonded/Insured? Yes No

12. References:

A. Name: _____ Phone: _____ Client Colleague

B. Name: _____ Phone: _____ Client Colleague

13. Professional affiliations: _____

14. How did you hear about VRN? _____

15. Please state the value you plan to bring to VRN: _____

16. Please state the benefits you hope to enjoy as a member of VRN: _____

17. What type of referrals would benefit you most? _____

18. What types of trades or professions can you introduce to the group? _____

Applicant: Do not write below this line.

Membership Committee Comments & Evaluation

Comments: _____

Final Decision: Accepted Declined Date: _____

Committee Signatures:

1. _____ 2. _____ 3. _____