



APPLICATION FOR MEMBERSHIP

Name: _____ Title: _____

Name of Company: _____ Self Employed: Yes No

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

E-mail Address: _____

Web Site: _____

ABOUT YOUR BUSINESS

Category: _____ (Financial Planner, Mortgage, ect.)

Please provide a short description of your business:

Please describe an "ideal referral" for you:

Are you currently a member of another Referral Group: Yes No

Please provide 2 business referrals who would recommend you to their clients:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name of member who referred you: _____

PAYMENT

NEW MEMBERSHIP: Dues are \$300 for the first year. Payment ***MUST*** be made at the time of application. Please make your check payable to MyNetworkOKC.

RENEWING MEMBERSHIP: Dues are \$200 per year. Please make your check payable to MyNetworkOKC.

Signed:

Date: