



New Member Application Form

Name: _____

Company: _____

Category*: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alt Phone: _____

Email: _____

Current Web Site: www. _____

Or: I am interested in a FREE Web site

Business References: (please provide the following for three persons we can contact)

Name	Business Relation (client, partner, vendor, etc.)	Telephone

* The business category for which you are applying must not duplicate a category of an existing member. If the existing member agrees, a category can be split to accommodate the new member (*Insurance* could be split between Life Insurance and Property and Casualty Insurance, for example). If there is a question, we will first contact the member with the related category and will then contact you for any clarification.

	Total	Amount Due	Payment Option
Membership Dues: \$175 per year	\$175		\$150 (for 6 mos)
One-time <i>new member</i> fee \$75	\$ 75		\$150 (in 6 mos)
Room Dues: \$20 per month (first three months required from <i>new members</i>)	\$ 60		

(Upon acceptance of your application)

Total Due: $\$175+75+60 = \310 or $\$150+60 = \210 (6 mos) with \$150 due in month 7

Please make checks payable to: **Networking Referral Group of Rochester**

By applying for membership, I agree to abide by the Bylaws of the organization (available for viewing at the back of the room and can be downloaded from NRGRochester.com).

Signature: _____ Date: _____

(For Membership Committee notes)