

THE HILTON HEAD REFERRAL NETWORK GROUP

Prospective Member Application

(Fax to: 843-681-5538)

Attention: Ron Baker, Membership Chair

Date of application _____ Member Sponsor: _____

Name: _____ Date of Birth: (mo/day): _____

Business Category: _____

Company Name: _____

Title: _____

Company Address: _____

Business Phone: _____ Fax: _____

E-mail: _____ Mobile: _____

Website: _____

Description of Business (approximately 25 words or less):

Please attach a one-page profile of your business to be placed on our web site.

ANNUAL MEMBERSHIP FEE: \$95.00 (includes your business being placed on the web site and participation in the annual Chamber Business Expo)

QUARTERLY DUES (includes meeting and meals twice a month): \$75.00 per quarter

Your dues would be pro-rated and an invoice submitted to you upon acceptance of your membership.

You may attend one (1) regularly scheduled meeting as a guest prior to submitting your application. After your application is submitted, it will be presented to the membership for approval. (Only one business category is permitted in the Referral Network Group and no conflicts of interest with other members). If your business category is already represented – you may ask to have your application placed on the waiting list for membership.

(To be completed by board member)

Date accepted into membership: _____

Rejected _____ Reason: _____
