



Membership Application

PART 1

Members Name:

Business:

Phone:

Address:

Fax:

City:

Email:

PART 2

I, _____ wish to begin/renew my membership beginning on the date of _____.

- Annual Fee \$300.00
- Semi-Annual Fee \$175.00

I have enclosed payment of \$ _____
(cheque or cash only accepted)

* all NSF charges incurred will be the responsibility of the member.

PART 3

“Ticket to the Top” Contract

I agree to the following terms and conditions as part of my membership with Summit Referral Network.

1. I promise to attend every meeting in a timely manner. If for any reason I am unable to attend, I will make prior arrangements with a member of the executive, or send a substitute to represent my profession in my absence.
2. I will build goodwill and trust among other members by: following up promptly on all leads given; giving high quality service at price quoted; being truthful to other members; switching my buying wherever possible to appropriate members in the network.
3. I will give qualified referrals.
4. I agree to maintain ethical standards that are equal or superior to that of others in my profession.

PART 4

I understand that this application/renewal is subject to approval by the Executive Committee.

Date

Members Signature

PART 5 (for office use only)

The Executive Committee has reviewed this application and has decided to:

- Approve – membership fees will be forwarded to Treasurer for processing
- Decline – committee will return payment with a letter of explanation for denial

Date Approved

Committee Approval