



Our group allows only one representative from each profession to avoid competition between members. New Member cost is \$200 (\$120 Chapter dues plus an \$80 application fee). Chapter dues are prorated monthly; however, the application fee is not prorated. The Membership Committee reviews all applications and will notify you as soon as possible. You may attend CRG meetings while your application is in process.

CRG Chapter: _____ Invited by: _____
Applicant's Name: _____ Business Name: _____
Home Address: _____ Business Address: _____
City, St, Zip: _____ City, St, Zip: _____
Home Phone: _____ Business Phone: _____
Email: _____ Cell Phone: _____

You may only represent one business. Describe your product or service and be as specific as possible: _____

What is your experience in your field? How long have you been in the business? How long have you been with the company you represent? _____

What is your educational background in your field? Degrees? Credentials? Licenses? _____

Has your professional license ever been revoked or suspended? Yes No If Yes, please specify: _____

Is the business under which you are applying for membership a full or part-time occupation?

Have you been a member of a networking/referral/mastermind group? Yes No If Yes, please specify: _____

Business References - Minimum of Three (3) (At least Two of which are not current CRG members). Please provide Name, Position, Company, Phone and Email for each reference:

I commit to attend the regular weekly meetings. _____ (Initial)

I commit to doing one-on-one meetings with members on a regular basis. _____ (Initial)

I affirm that I maintain the required licenses and/or certifications for my profession. _____(Initial)

I agree to provide and receive referrals to and from CRG members. _____ (Initial)

I agree to follow the Bylaws of the Carolinas Referral Group. _____ (Initial) A copy of the bylaws have been provided for your review. _____(Initial)

Upon admission you will be required to create a profile on the CRG website, www.carolinasreferralgroup.com.

Dated: _____

By: _____

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MEMBER INDEMNIFICATION
AGREEMENT

I, _____ owner/member/employee/agent of the business known as

_____, understand and agree that I will hold harmless and indemnify Carolinas Referral Group and all of its members from any liability, damages or responsibility related to any work I perform for clients referred to me as a result of my membership in Carolinas Referral Group.

I do hereby waive, release and forever discharge any and all rights and/or claims for damages that may occur out of or in any way connected with my being a member of Carolinas Referral Group.

Dated: _____

By: _____



I agree to abide by the following Code of Ethics:

1. I will act in a professional manner.
2. I will honor the prices that I have quoted.
3. I will be honest in my dealings with CRG members and their referrals.
4. I will promptly follow up with the referrals I receive.
5. I will maintain a positive and helpful attitude.
6. I will maintain the ethical standards of my profession.
7. I will work to provide quality business referrals.
8. I will actively participate in my CRG Chapter by regular meeting attendance and volunteer as needed.

The above code of ethics does not supersede the Professional Standards outlined in a formal code of conduct for any profession. If you are in a profession that has a more stringent standard you must adhere to that higher standard.

Dated: _____

By: _____



**CAROLINAS
REFERRAL
GROUP**

Membership Committee use only

www.CarolinasReferralGroup.com

Date application received: _____

Date applicant interviewed: _____

References contacted: Yes No; If No please explain:

Date Bylaws provided to applicant: _____

Dues received: Yes No; Date received: _____

Comments: _____

Applicant Approved: Yes No If Yes, category and date: _____

Reviewed by Chapter Membership Chair _____ (Initial)

Approved by Chapter Executive Committee _____ (Initial)

Approved by Board of Directors _____ (Initial)