

# CHARLESTON REFERRAL EXCHANGE

NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

CELL PHONE (OPTIONAL) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

TITLE: \_\_\_\_\_ INDUSTRY: \_\_\_\_\_

LENGTH OF TIME IN OCCUPATON: \_\_\_\_\_

SERVICES YOU OFFER CLIENTS: \_\_\_\_\_

\_\_\_\_\_

As a member of Charleston Referral Exchange, I agree to adhere to the following policies:

- I will conduct my business in a professional and ethical manner
- I will return phone calls for a referral promptly
- I understand there is a limit of one professional per occupation in the group
- I agree to attend all meetings and understand that if I miss more than 4 meetings in a 6 month period, I may be asked to resign from the group. Extenuating circumstances will be reviewed by the board before any member is asked to resign.
- The first year's dues are \$75.00 and are not pro-rated. Subsequent dues are \$75.00 per year, due by the second Thursday in March. Dues for members who are asked to resign for non-attendance are not refundable.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_