



MEMBERSHIP APPLICATION

TO BE COMPLETED BY NEW MEMBERS, TRANSFERS & CATEGORY CHANGES

APPLICANT'S NAME	BUS.TEL:	DATE:
BUSINESS NAME	FAX:	HOME TEL:
BUSINESS ADDRESS	EMAIL:	
CITY PROV POSTAL CODE	PARTICIPATION FEES	
DESCRIBE YOUR PRODUCT OR SERVICES (BE SPECIFIC)	ANNUAL FEE \$200.00	
	REGISTRATION FEE (one time only)..... \$ 50.00	
	SUBTOTAL..... \$250.00	
SPONSORS NAME	TOTAL ENCLOSED..... \$250.00	

TYPE OF PAYMENT: Personal Cheque Company Cheque Cash

_____ / _____

UPON YOUR ACCEPTANCE TO PRO, FEES ARE NON REFUNDABLE.

1. A prospective member may attend two meetings as a visitor. Prospective members must have a sponsor. Prospective members then complete this application and submit it with a cheque payable to PRO to the Membership Committee for review.
2. The Membership Committee completes the screening process and notifies the prospective member of acceptance or non-acceptance before the next meeting.
3. The Membership Committee notifies the President.
4. The President announces new members at chapter meetings following acceptance by the Membership Committee.

1 Experience in Field/Occupation BE SPECIFIC)

2 Education background in Field/Occupation or Degrees, Licenses or Credentials required to perform in Field/Occupation

1. Is the occupation under which you are applying for membership a full time occupation? FULL TIME PART TIME

2. How long have you been with the company you are representing today _____

3. Are you willing and able to make the commitment to arrive at 7:00 am and stay until 8:30 am? YES NO

4. Are you willing to abide by PRO policies and procedures? YES NO

5. Are you willing to find a substitute who can attend meetings on your behalf? YES NO

6. What do you expect to contribute to this chapter? _____

7. What is your ability to bring qualified referrals and/or visitors to the chapter? _____

8. Do you belong to other networking organizations? YES NO If so, please list



The Professional Referral Organization's Networking Code of Ethics

Upon acceptance to PRO, I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.

1. I will provide the quality of services at the prices that I have quoted.
2. I will be truthful with the members and their referrals.
3. I will build goodwill and trust among members and their referrals.
4. I will take responsibility for following up on the referrals I receive.
5. I will live up to the ethical standards of my profession.
6. I will display a positive and supportive attitude.

LIST BUSINESS REFERENCES

1	NAME	POSITION
	BUSINESS NAME	PHONE
	BUSINESS RELATIONSHIP (DESCRIBE)	

2	NAME	POSITION
	BUSINESS NAME	PHONE
	BUSINESS RELATIONSHIP (DESCRIBE)	

NOTE: You may attach resumé or biography for additional information. Thank you.

APPLICANT'S SIGNATURE _____

Verified Information and References: YES NO

MEMBER:

COMMENTS:

RECOMMENDATIONS TO PRESIDENT ACCEPT DECLINE

COMMENTS:

If declined, was there conflict with job description of existing member? Explain _____