



# MEMBERSHIP APPLICATION

TELEPHONE: \_\_\_\_\_

FAX TO: \_\_\_\_\_

**TO BE COMPLETED BY NEW MEMBERS, TRANSFERS & CATEGORY CHANGES**

APPLICANT'S NAME			BUS. TEL:	DATE:
BUSINESS NAME			FAX	HOME TEL:
BUSINESS ADDRESS			E-MAIL	
CITY	PROV.	POSTAL CODE		
DESCRIBE YOUR PRODUCT OR SERVICES (BE SPECIFIC)				
SPONSOR'S NAME			<b>PARTICIPATION FEES</b>	
			ANNUAL FEE .....	\$ 200.00
			REGISTRATION FEE (One Time Only) .....	\$ 50.00
			SUBTOTAL .....	\$ 250.00
			TOTAL ENCLOSED .....	\$ 250.00

TYPE OF PAYMENT: Personal Cheque     Company Cheque     Cash

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**UPON YOUR ACCEPTANCE TO PRO, FEES ARE NON-REFUNDABLE.****PART 2 (PLEASE READ CAREFULLY): APPLICATION PROCESS**

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.

**PART 3 (PLEASE ANSWER ALL QUESTIONS):**

1. Experience in Field/Occupation (BE SPECIFIC)  
\_\_\_\_\_
2. Education background in Field/Occupation or Degrees, Licences or Credentials required to perform in Field/Occupation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 4 (PLEASE ANSWER ALL QUESTIONS):**

1. Is the occupation under which you are applying for membership a full or part 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 the 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.

### BUSINESS REFERENCES

LIST BUSINESS REFERENCES:

NAME	POSITION
BUSINESS NAME	PHONE
BUSINESS RELATIONSHIP (DESCRIBE)	
NAME	POSITION
BUSINESS NAME	PHONE
BUSINESS RELATIONSHIP (DESCRIBE)	

APPLICANT'S SIGNATURE \_\_\_\_\_

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

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: \_\_\_\_\_