

www.referralsunlimited.org

A Professional Networking Organization
meeting Thursdays at 7:30am

RU First Meeting Application-Getting to Know You

Name: _____

Business Name: _____

Business Address, Phone Number and Email Address: _____

Position/Title: _____

Length of Time in your current position/business: _____

Is your business licensed in the state of Washington? _____

Describe products/services offered by your business: _____

Do you own or are you involved/working for any other businesses? _____

What other organizations are you involved with or have membership in? _
