



Thank you for applying for membership in Referrals Unlimited, facilitating business networking in Federal Way and the South Sound marketplace since 1994. You have received an exclusive invitation from a RU member; your Sponsor is required by our By-Laws to review the following with you. This page must also accompany your application for it to be considered complete:

**SPONSORS:** Fill-in the following questionnaire which is required for a complete application.

1. How long have you known this applicant? \_\_\_\_\_
  2. Have you done business with this applicant? If so, explain \_\_\_\_\_  
\_\_\_\_\_
  3. If you've not done business with the applicant, how are you knowledgeable of their business? \_\_\_\_\_
  4. Have you referred this applicant previously? \_\_\_\_\_
  5. Have you reviewed the By-Laws & Operating Rules with this applicant? \_\_\_\_\_
  6. Have you explained their role in our meeting agenda as a guest? \_\_\_\_\_
  7. Have you discussed member payment and attendance obligations? \_\_\_\_\_
  8. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_
- Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

This application is an interactive PDF; move through the fields by tapping the 'tab' key on your computer. Once you have it completed the application, print and sign it, attaching your documentation. Return the application to the RU Membership Chair; incomplete applications will not be considered.



# Referrals Unlimited

**A Professional Networking Organization,  
meeting Thursdays at 7:30 am**

[www.referralsunlimited.org](http://www.referralsunlimited.org)

Sponsor Name: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Exclusive Position: \_\_\_\_\_

Date of application: \_\_\_\_\_

Date Rec'd by RU: \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_

Completed applications must be received end of day on the applicant's first visit.  
Attach a copy of all licenses and a business card to the application.  
A one-time \$90 membership fee is due upon approval of membership.

### PERSONAL INFORMATION:

Name \_\_\_\_\_ Birth Month/Day \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse/Partner's Name \_\_\_\_\_

### BUSINESS INFORMATION:

Business Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

Business Fax \_\_\_\_\_ Length in this Business \_\_\_\_\_

Current Position \_\_\_\_\_ How Long? \_\_\_\_\_

Describe products/services offered \_\_\_\_\_

Business Site-based, home-based, telephone-based? \_\_\_\_\_

Other Business Involvements: \_\_\_\_\_

Percent of Business Time Devoted to each: \_\_\_\_\_

List Known Conflicts with Required Attendance at RU Weekly Meetings? \_\_\_\_\_

### VOLUNTEER EXPERIENCE:

List Activities/Organizations in which you Participate: \_\_\_\_\_

Executive Positions Held: \_\_\_\_\_

Membership in Other Networking Groups? \_\_\_\_\_

**EDUCATION:**

School Name \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

School Name \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

School Name \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

Additional Training/Comments \_\_\_\_\_

**CREDENTIALS:**

Business License(s) Attached: \_\_\_\_\_

Occupational License(s) Attached: \_\_\_\_\_

**PROFESSIONAL OR TRADE REFERENCES:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Relationship \_\_\_\_\_

**Additional Comments/Other Pertinent Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMIT**

Applicant's Signature \_\_\_\_\_