



SIoux FALLS
Referral
NETWORK

Application for Membership

Your Name: _____ Date: _____

Business Name: _____

Primary Profession/Service of Business: _____

Please list all business activities which you, the applicant are engaged: _____

Number of Years in the Business: _____

Physical Address: _____

Mailing Address if different from above: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Three Business References with Phone Number:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

IMPORTANT:

I have read and understand the Sioux Falls Referral Network's rules, I acknowledge that the Sioux Falls Referral Network allows only one member in each profession/business category as determined by Sioux Falls Referral Network. The category of each participant represents their primary occupation, full-time business. Attendance and participation by each member is expected and critical to their success and the overall success of the group.

All of the information I have provided on this application is a complete and truthful representation of my business activities. I am properly licensed to engage in the business activities described above in accordance with all applicable laws and regulations. I acknowledge that failure to disclose information about my business activities may result in termination of my membership. Membership in Sioux Falls Referral Network is not guaranteed and is determined solely at the discretion of Sioux Falls Referral Network.

Payment is required (\$250) at the time of the application submission. Payment will not be processed unless you are accepted as a new member. Check or Credit Card (see Credit Card Authorization Form attached) accepted.

Print Name

Signature

Date

Automatic Bill Payment Plan

Sioux Falls Referral Network Credit Card Payment Authorization Form

Member Name: _____ Phone: _____

Email Address (for receipts): _____

<u>Credit Card Authorization:</u>				
(**Must have all information for credit cards**)				
Type of Card *Circle one*	AMEX	Visa	MasterCard	Discover
Name on Card:	_____			
Credit Card Number:	_____			
Expiration Date:	_____	CVV2 Code:	_____	
Billing Address:	_____			
City:	_____	State:	_____	Zip: _____
What do you wish to pay for (Please circle as many that apply)				
*Monthly Room Fees (\$20.00)	Monthly Food Fees (\$50.00)	Yearly Membership (\$250.00)		
*Monthly room fees are included if you pay for monthly food fees (Monthly fees will be charged on the 7 th day of each month)				

Note: Authorized signature must match the name on the designated bank account or Credit Card.

I authorize the Sioux Falls Referral Network and the above listed financial institution to initiate variable entries to my credit card account for the scheduled monthly payment of an amount based upon the Sioux Falls Referral Network service I have requested. I understand that all monthly fees and/or dues will be debited from my credit card account listed above until such time as this agreement is terminated by the member, financial institution, or the Sioux Falls Referral Network.

Signature: _____ **Date:** _____

Please complete and return form to Angie Wahl at jwahl@jwahlhomeinspection.com, bring to the next meeting or mail to:

J.Wahl Home Inspection
Attn: SFRN
P.O. Box 87945
Sioux Falls, SD 57109

Questions contact: Angie Wahl
Cell: (605) 940-4536