



SIoux FALLS
Referral
NETWORK

Membership Renewal Application

Renewal is not automatic! The Membership Committee is required to approve all renewals.
Membership fees are payable upon renewal approval

Your Name: _____ Date: _____

Business Name: _____

Primary Profession/Service of Business: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Renewal Questionnaire (required for renewal 😊):

No Judgement Zone! All to help make this group the best it can be for years to come!
(1 = Low, 5=High)

- How do you feel that the SFRN has met your expectations over this past year?

1 2 3 4 5

Comments: _____

- How valuable do you feel SFRN is to your business and growth?

1 2 3 4 5

Comments: _____

- How would you rank your participation and commitment to the SFRN?

1 2 3 4 5

Comments: _____

- Misc. Comments/Questions:

No concerns/comments at this time

I would like to discuss a topic on the phone or in person with the Membership Team Lead or Leadership Team:

Membership Team Lead

Leadership Team

Payment Summary:

Participation Fees:	
One Year Renewal:	\$250
<input type="checkbox"/> Use Credit Card on File	
<input type="checkbox"/> Pay via Check – attach check to renewal form	

Membership Committee Approval

Denied

Member Printed Name

Member Signature

Date

Membership Committee Printed Name

Membership Committee 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 *Check one*	AMEX <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
			Discover <input type="checkbox"/>
Name on Card: _____			
Credit Card Number: _____			
Expiration Date: _____		CVV2 Code: _____	
Billing Address: _____			
City: _____		State: _____	Zip: _____
What do you wish to pay for (Please check all that apply)			
*Monthly Room Fees (\$20.00) <input type="checkbox"/>		Monthly Food Fees (\$60.00) <input type="checkbox"/>	Yearly Membership (\$250.00) <input type="checkbox"/>
<small>*Monthly room fees are included if you pay for monthly food fees. If you choose not to eat, the monthly room fee would be required. (Monthly fees will be charged on the 7th day of each month)</small>			

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 Joseph Meyer at jmeyer@wirelessworld.com bring to the next meeting or mail to:

Wireless World
Attn: Joseph Meyer
2816 W 41st St
Sioux Falls, SD 57105

Questions contact: Joseph Meyer
Cell: (605) 553-6508