



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: _____ Email: _____

Cell Phone: _____ 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.

Print Name

Signature

Date



Mission Statement:

The purpose of the Sioux Falls Referral Network is to offer each member a regular forum to promote his or her business. Our goal is to find and utilize business people that will be advocates for their clients and who display a high standard of ethics in their business practices. From providing the goods and services at the quoted price, to following up on each referral in a timely manner, to being honest with each member and each referral. Each member should do their absolute best and bring a positive attitude to the group and to their profession.

Rules:

Membership is not guaranteed to any current or future member and may be revoked at the discretion of the Sioux Falls Referral Network Membership Committee.

Members must represent their primary occupation and not a part-time business. Because each member or associated business owns and/or operates his or her own business and is ultimately responsible for his or her own success, the Sioux Falls Referral Network cannot be responsible for any specific businesses results and makes no guarantees as to how the Sioux Falls Referral Network may or may not help a member's success.

Only one person from each professional classification is permitted to join the Sioux Falls Referral Network. The Membership Committee has the final authority relating to classification conflicts.

Attendance is critical to the organization and to the member's success. If a member cannot attend, you may send a substitute to the meeting. This will not count as an absence. A member is allowed 6 absences every 12 months (January through December). If more absences than this occur by the member, the member's classification is then subject to being opened by the Sioux Falls Referral Network Membership Committee.

There are no leaves of absences except for a medical leave. A member may take up to six weeks leave with the membership committees' prior approval if fees are pre-paid for that period of time and the attempt is made to have someone 'substitute' during their medical leave time.

A member's classification may be opened for failure to comply with these policies and/or the member's ethical/business conduct is called into question as referred to in the Sioux Falls Referral Network's mission statement.

Each member is required to pay annual dues of \$250/year, due at the time of membership approval. A \$250/year renewal fee is then due on the first of their anniversary month annually thereafter. Money will go towards meeting material, advertising, social events, and charitable giving opportunities. As this is a lunch time meeting, the member can elect to include meals with their membership. Guests are welcome to eat at no charge. If the member elects to include meals, the cost is \$60/month and this also covers the meal for any subs the member may have. If a member chooses not to eat, there is a \$20/month fee that helps to cover the cost of food for guests and the meeting room.

Fees are non-refundable. Membership not paid by the first of the month of their anniversary month, they are considered past-due, and the member's seat will be opened up to other prospective members of that profession.

If a member cannot fulfill their duties to the group and/or needs to leave the group, the member (as defined by the one who paid for the seat) will have the first right to provide a replacement from the same business entity. If after 30 days no replacement application has been submitted, then the seat will be opened to anyone who would like to apply for the seat.

If a member has a change in their employer or industry, but would still like to continue as a member in the group, this member will need to have a new interview with the Membership Committee and be approved for this new role. This is to ensure that we understand the new role and that there are no conflicts with existing members industries.

Any disputes or disagreements within the group will be reviewed by the Sioux Falls Referral Network Membership Committee. Membership Committee will work with the member(s) to resolve issues and make recommendations to Sioux Falls Referral Network Leadership Team. The Sioux Falls Referral Network Membership Committee and Leadership Team is responsible for final disposition of any issues.

Authorization:

I have read and agree to abide by the Mission Statement and Rules provided above. I understand if I violate these Rules and/or the Mission Statement, that my membership may be revoked:

Print Name

Signature

Date

Policies are subject to change. All proposed policy changes need to be reviewed by the Leadership Committee. Policies last updated May 1, 2022.

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