Part 1 (Please answer all questions)

|  |  |
| --- | --- |
| Name | Website: |
| Business | Email |
| Address | Phone |
| City/St./Zip | Cell |
| Describe your product or service: | Registration Fee $100.00 |
| Sponsor | Applicant Signature: |

 Fees and dues are non-refundable without exception.

Part II Application Process:

1. A prospective member may attend two meetings as a visitor. Prospective members obtain a sponsoring member then complete this application and submit it with the fee. The application will be given to the board for review.
2. The board completes the screening process and notifies the prospective member of acceptance or denial before the next meeting.

Part III Experience:

1. Experience in Field/Occupation:
2. Education background in Field/ Occupation or Degrees, Licenses or Credentials required to perform in Field/ Occupation:

Part IV Business References:

|  |  |
| --- | --- |
| Name: | Name: |
| Company: | Company: |
| Email: | Email: |
| Phone: | Phone: |

Terms:

Arbitration. All disputes arising out of or related to this agreement or members participation in accordance with the laws of the State of Maryland. The Arbitration shall be subject to the Rules of the American Arbitration Association. This clause encompasses any and all disputes involving Harford County Referral Partners our officers, directors, agents and representatives.

Limitations on Liability. Notwithstanding any other provisions of this agreement, any liability to you involving Harford County Referral Partners, their officers, directors, agents, and representatives for any cause whatsoever arising out of or related to this agreement and/ or membership or participations in HCRP and regardless of the form of the action, will at all-time be limited to the amount of yearly dues paid by you for the membership in HCRP. Except in jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages.

I have read, understand and agree to the terms of being a member of the Harford County Referral Partners.

X Date:

Printed Name:

We are Harford County Referral Partners our goals are to:

1. Generate Revenue for our members
2. Generate Leads for our members
3. Bring in new members to the group
4. Help members businesses grow.
5. Live the givers gain mentality
6. Teach Freely giving networking advice
7. Inspire give a motivational quote/ advice

The cost of membership is minimal. If you are participating as you should, there will be no cost and you can make money from leads generated by the group. Participation in the group will lead to your success in it. The dues and incentives are a way to encourage that participation goal. Monthly invoices will be due within 30 days. If not paid within that timeframe, membership is suspended until invoice is paid. Funds that are in our networking account will go towards promoting the growth of our group – e.g. buying the first drink for a visitor at a happy hour.

1. Membership
2. The 1st years fee to join is $100.00.
3. Failure to pay will result in removal from group until payment received.
4. Termination of Membership
5. If dues are not paid within 30 days of invoice.
6. If you miss 3 meetings without a sub in one quarter.
7. Cancellation of Meeting
8. Harford County Public Schools Delayed- Meeting is cancelled.
9. Harford County Public Schools Closed- Meeting is cancelled.
10. Volunteer Positions and Roles
11. President/Moderator – This person is in charge of running the meeting and is responsible for setting up speakers and creating the one-on-one schedule.
12. Vice President – This person is in charge of updating/posting events and pictures to our Facebook page. They also keep the invitation list to our events.
13. Treasurer – This person is in charge of group funds; controls the checkbook. They also collect dues and track finances.
14. Secretary – This person is responsible for recording and distributing meeting minutes, as well as reporting on tracked metrics including, attendance, guests, referrals and closed business.

I have read, understand and agree to the rules and obligations of being a member of the Harford County Referral Partners Group.

X Date:

Printed Name: