

Approval date: _____

NSRG MEMBERSHIP APPLICATION

Name _____ Email _____

Company Name _____

Business Phone _____ Cell Phone _____

Business Address _____

City / ZIP _____ Date of birth (mo/day) _____

Describe your company, products and/or service

Company is _____ years old Years of personal experience _____

Does your business need special licensing or bonding? **Y** **N** If so, what is required? _____

Do you meet these requirements? _____

Hours per week you spend working this business _____

Name of NSRG sponsor _____

NSRG members you have done business with _____

How will you get referrals for others? _____

How do you intend to participate? _____

Signature

Date

(Please provide references on back)

REFERENCES

Please provide 4 **business** references below (no family members or NSRG members). It is expected that you contact these references and advise them that we will be calling and the purpose of our call.

1. Name _____
How do you know them? _____
Phone number _____

2. Name _____
How do you know them? _____
Phone number _____

3. Name _____
How do you know them? _____
Phone number _____

4. Name _____
How do you know them? _____
Phone number _____