


# Membership & Application Form

for

## The Business Referral Initiative™

	Date	__/__/__	Chamber	
	Name			
	Business			

Business Address	Street			
	Suburb			
	City		State	

ABN		Employee <input type="radio"/>	Sole Trader <input type="radio"/>	Partnership <input type="radio"/>	Company <input type="radio"/>	Trust <input type="radio"/>
-----	--	--------------------------------	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Email			
Mobile		Land Line	

Mr  Mrs  Ms  Other

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Driving License No: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

I provide the information herein for the use of determining my personal membership to The Business Referral Initiative. I agree to the terms and conditions as displayed on their web site, which I agree I have read and allows me to participate as a member which is operated by The Business Referral Initiative. I acknowledge I understand their Privacy Policy of which I abide to. I understand the particulars which have been completed by myself. I have understood all policies for the referral program and will endeavour to meet the minimum requirement of the Chamber I am applying membership for. Any liability to you involving The Business Referral Initiative and with any of its representatives shall be resolved by the lawful arbitration appropriate to the governing laws of the country and state you live in, and shall any claims made they will be limited to your annual membership fee charged to you, of which for any cause whatsoever which relates to our terms of membership and this agreement be of only limited liability. There shall be regardless of the form of action, no such circumstance or any circumstantial liability or punitive damages acknowledged by The Business Referral Initiative indirectly or directly. Applications are processed and dated upon the advice of the Chamber. It shall have its date for membership accepted as of the first day of the accepted application date. All applications shall be accepted and under as agreed by both parties entering into this agreement. By signing this application you agree to the terms and conditions as described.

12 Months Membership Sign Here \_\_\_\_\_

Residential Address	Street			
	Suburb			
	City		State	

Please provide two references who are not family members who will testify if asked to verify your services

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business: \_\_\_\_\_

Business: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Mission Statement

The Business Referral Initiative requires its members to uphold the vision and mission of the group, which is to show commitment and accountability and to uphold the reasons for supporting each other.

Our mission is to build relationships and understand our fellow members, through integrity and be prepared to raise the awareness of each member within a Chamber. Thus show the importance of generating leads and referrals through helpful nature and raise the value of getting to know all of our colleagues. Our mission is to provide for each other a learning process, by such means that will allow us all to grow with mutual respect and therefore making all members a valuable asset to each other's businesses and objectives.

I \_\_\_\_\_ hereby agree to the Mission Statement

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed \_\_\_\_\_

We only accept electronic bank transfer for membership. The payment of \$544.50 allows you to participate in a twelve month membership with The Business Referral Initiative. Membership is annual and payable prior to and to attend for twelve months in your chosen Chamber.

Please can you put your surname and first letter of your first name as reference when making an electronic bank transfer as a reference for our records please.

Total payable for twelve months Membership	=	\$495
GST @ 10%	=	\$49.50
Total due	=	<u>\$544.50</u>

Account name:	The Business Referral Initiative
Bank:	CBA
Account No.	1065 0580
BSB.	063 548

Ref: (Please put the letter of your first name and your surname as reference)

I agree to the terms and conditions as set out and pay the sum of \$544.50 .....  
Signed