



Networking Referral Groups Application

505 East Border
Arlington, TX 76010
817-543-4288
Fax 817-261-7535
www.arlingtontx.com

Company: _____

Business classification: _____

Primary Representative: _____

Business Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Fax: _____ E-mail: _____

Position with Company: _____ Length of service: _____

Date Company founded: _____ No. of employees: _____

A good lead for me would be: _____

Alternate from your company if you are not able to attend: _____

Professional or civic organization including offices held and dates: _____

Please list any other business involvement: _____

Group: Tues. Noon Wed. 8:15 a.m. Thurs. 8 a.m. Thurs. 8:15 a.m. Thurs. Noon

My company is a member in good standing of the Arlington Chamber. Yes No

General Members - The Networking Referral Group fee is \$60.00 annually and must be submitted with application (no charge for corporate level investors). Corporate Member? Yes

Amount: _____ Cash Check Visa MasterCard Discover AmEx

Account No.: _____ Exp. Date _____ Billing Zip Code _____

I certify that this information is correct and authorize its use and verification by the Networking Referral Groups.

Applicant Signature:

_____ Date _____

Applicant Authorization Signature (CEO or Business Representative):

_____ Date _____

Entry into a Networking Referral Group is: Subject to approval by the Membership and/or Classification Committee of that group. Applications are reviewed to confirm Chamber membership, possible overlap of industries, and initial dues computation. *No applicant will be denied membership in any group on the basis of sex, race, color, religious creed, or national origin.*

Return to:
Networking Referral Groups
Arlington Chamber of Commerce
c/o Member relations
505 E. Border Street
Arlington, Texas 76010
PH: 817-543-4691; FAX: 817-261-7535

Group action: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to: _____ _____ Date: _____ By: _____
