



Business Referral Network Application

BRN Group _____ Chair of Group _____

Name _____ Phone _____ Fax _____

Email _____ Website _____

Company Name _____

Address _____

City/Zip _____

Nature of Business (25 words or less) _____

Dues:

___ \$55 One time application fee (*Check made payable to the San Mateo Area Chamber of Commerce*)

___ \$100 annual dues (*Check made payable to the BRN that you are joining*)

___ BRN I ___ BRN II ___ BRN III ___ BRN IV ___ BRN V

BRN Dues are due at the beginning of each calendar year. Contact your BRN chair for prorated dues structure if joining after January 1st. Please note that the BRN dues are separate from your Chamber dues

The San Mateo Area Chamber of Commerce Business Referral Network referrals are conditioned on your agreement to release and forever discharge the San Mateo Area Chamber of Commerce and its Business Referral Network Groups from any and all liability, known or unknown, arising out of the referral and any advice or information received in the course thereof. Your contact of any of the referrals will be considered an acknowledgement by you of your understanding and content to this release, and your agreement to its terms. Be advised that you might be relinquishing legal rights by agreeing to the release.

Signed _____ Date _____

(Initials) _____ I have read and understand the attached BRN policy and procedures.

1700 South El Camino Real, Suite 108
San Mateo, CA 94402

Tel: (650) 401-2440 Fax: (650) 401-2446 E-mail: info@sanmateochamber.org

BRN APPLICANT INFORMATION

Our objective as members of Business Referral Network (BRN) is to have members who are committed to excellent service, who are highly ethical, who have business in the past by referral, and who are committed to helping each other expand their business by sharing leads And referrals.

We are business owners, local managers of major companies, owners or managers of franchises, and local business developers for major businesses. We all work full time in growing our business.

Please provide the following information:

Name _____ Telephone No. (____) _____

Business Name _____

Nature of Business _____

Are you a member of the San Mateo Chamber of Commerce? YES NO

How long have you been in your current trade? _____

What area/territory do you market in? _____

Are you a member of any other referral network? _____

What percentage of your business is the result of referrals? _____

Are you willing to make a serious effort to attend our weekly meetings regularly – to arrive on time and stay through the entire meeting? _____

Please provide contact information for two business references:

Individual's Name

Business Name

Email Address

Telephone Number

Individual's Name

Business Name

Email Address

Telephone Number

Comments and Questions (Use back of this page if you need more space)

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