



REFERRAL ROUNDTABLE APPLICATION



COMPANY INFORMATION

Name: _____ Company Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Company Phone: _____ Cell: _____

Company Website: _____

Business Category (Main): _____

Business Category (Alternates): _____

eMail: _____ Social Media Links: _____

Briefly tell us about your business: _____ Years in business? _____

What do you hope to gain by joining this group: _____

What types of businesses typically generate referrals for you? _____

Who are good strategic referral partners for you? _____

What types of businesses do you provide referrals for? _____

Do you belong to other lead generation groups, or networking organizations? (If yes, which ones?) _____

Are you in leadership roles in other organizations? _____

COMMITMENT

Can you commit to attending a Referral Roundtable twice a month? YES NO

Can you commit to (2) - 30 minute one-on-one meetings per month? YES NO

Are you a Newport Beach Chamber of Commerce Member? YES NO

Please choose preferred Group:

Monday (A) | 12:00 Noon

Tuesday (A) | 8:00 am

Wednesday (A) | 7:30 am

Wednesday (B) | 11:30 am

How did you hear about our Referral Roundtable? _____

Applications will be reviewed by the leadership team and you will be given notification within (1) week regarding starting the process. **Please attach your resume with your application.**

If accepted:

***If a prospective member is accepted, they must become a Chamber Member within five (5) days of acceptance.**

1. Read and sign the Referral Roundtable Guidelines and return to the Membership Chair of the group.
2. Follow the rules of the Referral Roundtable Guidelines. The first visit may be counted as the first attended meeting.
3. Once the new Referral Roundtable member has completed the required tasks they will be added to the roster and eligible to sign up for a presentation.

NEWPORT BEACH CHAMBER OF COMMERCE

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