

Diablo Business Referral Network

An organization of select & well established
San Ramon Valley Businesses

ALAMO • DANVILLE • SAN RAMON • PLEASANTON • WALNUT CREEK • DUBLIN

Membership Application

Applicant

First Name	<input type="text"/>	Last Name	<input type="text"/>
Business Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Business No.	<input type="text"/>	Cell Number	<input type="text"/>
		Fax Number	<input type="text"/>
E-Mail	<input type="text"/>		
Web Site	<input type="text"/>		
Birthday Month	<input type="text"/>	Spouse or SO	<input type="text"/>

Business Information

Business Type	<input type="text"/>	, Which is	<input type="text"/>	percent of my business	
No of Employees	<input type="text"/>	No of Locations	<input type="text"/>	In business since	<input type="text"/>
Alternate Rep	<input type="text"/>				
List other Organizations	<input type="text"/>				

I wish to participate and represent my business as a member of the the Diablo Business Referral Network ("DBRN"). I understand that to be accepted, my business type cannot be in direct conflict with an existing member. I pledge to actively support DBRN through my attendance, providing referrals and/or leads to other members, and upon receiving a referral, to follow-up in a professional manner. This application must be accompanied by both a business profile and a check in the amount of the stated New Member Application Fee and First Quarter Dues as posted on the website. I understand that the Application Fee will cover the cost of membership materials and other administrative costs.

I understand that applications are processed for membership on a monthly basis by review and vote of the existing Members. If another application has been submitted in my Type and is pending decision by the Members, the Members will consider the multiple applications and approve no more than one in each Business Type. I understand that if my application is not accepted, I will receive a refund of my Application Fees and First Quarter Dues. I understand that the membership will stand in the name of the business as listed above and that I am duly authorized to sign this application on behalf of the business.

By signing the Application below, I, and the business for which I am signing, agree to follow the Rules and Regulations governing DBRN, including any changes which may be adopted from time to time, and to indemnify and defend DBRN and its members and successors, and to hold them harmless, from and against all claims and liability for damage which may arise as a result of, or in connection with, any referral which I may provide to, or receive from, any other member. I understand that the Membership is not transferrable; it is personal to the applicant.

Signature _____

Date _____

Sponsoring Member Date of Nomination