



Networking Referral Groups Application

505 East Border
Arlington, TX 76010
817-543-4281
Fax 817-261-7535
www.arlingtontx.com

Company: _____

Business classification: _____

Primary Representative: _____

Business Address: _____

City/State/Zip: _____

Phone: _____ 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: Wed. Noon Thurs. 8 a.m. Thurs. Noon

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

The Networking Referral Group fee is \$60.00 annually and must be submitted with application.

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.*

NOTE: Application process may take up to 60 days.

Return to: *Networking Referral Groups*
Arlington Chamber of Commerce
c/o Member Services
505 E. Border Street
Arlington, Texas 76010
817-543-4281 FAX 817-261-7535

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

Date: _____
By: _____