



MEMBERSHIP APPLICATION & AGREEMENT

DATE _____ REFERRED BY _____

MEMBER NAME _____ BADGE NAME _____
(FOR MEMBERSHIP CERTIFICATE) (NICKNAME, IF ANY)

COMPANY NAME _____

TYPE OF BUSINESS/CATEGORY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (WORK) _____ HOME _____ FAX _____

WEBSITE _____ EMAIL _____

BUSINESS DESCRIPTION (PLEASE PRINT) _____

PETERS TOWNSHIP REFERRALS IS COMMITTED TO YOUR SUCCESS. ATTENDING WEEKLY MEETINGS AND SOCIALS,
AND GIVING REFERRALS HAS PROVEN SUCCESSFUL FOR MEMBERS.

*I AGREE TO BE BOUND BY AND COMPLY WITH THE ORGANIZATION BY-LAWS OF PTR AS AMENDED FROM TIME TO TIME.
I WILL ATTEND MEETINGS REGULARLY, GIVE A MINIMUM OF 2 REFERRALS MONTHLY, PERFORM ETHICALLY AND
PROFESSIONALLY, HELP MY CHAPTER GROW BY BRINGING GUESTS, AND PERSONALLY USE AND REFER OTHERS TO
MEMBERS WHENEVER POSSIBLE.*

All terms/conditions are agreed to by and between **Peters Township Referrals** and

_____, Member, this _____ day of _____, 20_____

**\$225.00 PAYABLE TO: PETERS TOWNSHIP REFERRALS (Non-refundable) FOR THE FIRST YEAR
\$75 ONE-TIME SET-UP FEE FOR BUSINESS PAGE ON OUR WEBSITE
\$200 PER YEAR AFTER FIRST YEAR**

**The undersigned hereby consents to have faxes and e-mails sent and
understands that their information will be included on the PTR website.**

IS THIS A COMPANY-OWNED MEMBERSHIP? YES NO

SIGNATURE _____

WHITE COPY - PETERS TOWNSHIP REFERRALS

• YELLOW COPY - APPLICANT