



www.edmondsbest.biz

# Edmond's Best Referral Club Membership Application

Business Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Years in business: \_\_\_\_\_ Wife's Name \_\_\_\_\_

### Business References:

Name	Business	Telephone

Name	Business	Telephone

Name	Business	Telephone

As a member of Edmonds Best Referral Club, I understand that I am expected to attend meetings regularly, do my best to give referrals to members, operate my business in a manner that exemplifies the name Edmond's Best and to abide by the bylaws of Edmond's Best Referral Club.

Attached is my check for \$ \_\_\_\_\_. Dues are \$200 per year prorated from month of application to December 31.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date