

Leads Exchange And Referral Network Program

Chartered By:



LEARN Application Form

Date: _____

Your Name: _____

Business Name: _____

Address: _____

City, State, ZIP: _____

Cell Phone: _____

E-mail: _____

Please indicate your preferred group:

____ Rattlesnake Mountain Brewing Co. LEARN Group: Every Tuesday, 4 - 5 p.m.

____ Twigs LEARN Group: Every other Thursday, 12 - 1 p.m.

____ Marsh McLennan Agency Learn Group: Every other Wednesday, 12- 1 p.m.

____ LaBella Vita Kitchen & Bar LEARN Group: 1st & 3rd Wednesday, 12 - 1 p.m.

Thank you for your interest in TCRCC \ LEARN Groups. Please note: all applications will be reviewed by the LEARN Group Chair and/or current members. You will be notified of the final decision of acceptance or non-acceptance as quickly as possible. Groups are filled on a first come first serve basis. If your group preference is full, you may be placed on a waiting list. Your patience is appreciated.

I have read, understand and agree to the LEARN Group guidelines and regulations

I am able and willing to faithfully attend all meetings (2 absences/quarter maximum)

I will strive to promote goodwill among members and their referrals

I will be professional and responsive to members and their referrals

Applicant Signature: _____

Please submit your completed application to:

⇒ The appropriate LEARN Group Chair and Membership Director: tracie.booth@tricityregionallchamber.com

LEARN Group Only Accepted ____ Declined ____ Comments:

If declined, was there a conflict with the classification of a current member? _____