



Business Referral Network of Northeast Ohio
Application for Membership

www.brngeauga.com

brngeauga@gmail.com

440-729-3130 Ababica, Kathy Fadorsen

Name: _____

Name of Business: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Type of Business: _____

Description of Business: _____

Website: _____

I agree to abide by the Rules of BRN of Northeast Ohio as set out in the BRN bi-laws. I agree to pay the sum of \$100 for annual membership fee (prorated 2nd year if join after 10/1) with a minimum of 1 meeting per month.
Signature: _____ Date: _____

Please Supply Two Business References for Membership:

1. Name: _____ Phone: _____
Business: _____ E-mail: _____

2. Name: _____ Phone: _____
Business: _____ E-mail: _____

----- BRN Member completes section below. -----

BRN Members will review your application and inform you of your status for membership.
Acceptance of Membership: _____ Date informed: _____
Decline of Membership: _____ Date Informed: _____ Reason: _____

BRN Member Reviewed: _____ Date: _____
BRN President Reviewed: _____ Date: _____