

# Two Twelve Referral Network Membership Application



P.O. Box 392  
Midlothian, VA 23113  
804-426-8831  
twotwelvereferrals.com

Thank you for your interest in Membership to **Two Twelve Referral Network!** Please fill out this form completely on both sides and submit with payment to a member of your Governing Committee. You will be notified within 8-10 working days as to the status of your application. If you have any questions, you may contact us by phone at the number in the header of this application.

**Office Use Only**  
Comp.  
Date

**Team Name:** \_\_\_\_\_ **Professional Classification:** \_\_\_\_\_  
(e.g., Painter, Realtor, Financial Planner)

GI Issue \_\_\_\_\_  
Amt. \_\_\_\_\_  
Ck # \_\_\_\_\_

The person that was most influential/instrumental regarding my decision to join Two Twelve would be: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

Rn Date \_\_\_\_\_

**Business Address:** \_\_\_\_\_

CRM \_\_\_\_\_

(Street)

Badge/kit \_\_\_\_\_

(City)

(State)

(Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

GC \_\_\_\_\_  
CH VC TA

I have worked for this Company for \_\_\_\_\_ years. I have been in the industry for \_\_\_\_\_ years.

Optional: Yes, I would enjoy Two Twelve recognizing my birthday. Month / Day: \_\_\_\_\_ / \_\_\_\_\_ Please, NO year.

SOC \_\_\_\_\_

My two References: (Former Employers, Former Customers or Clients)

CC List \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Bl. Book \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

BG Chk. \_\_\_\_\_

Membership Options: Choose between a one year or two year membership.

One Year \$495.00 + \$35.00 + \$530.00 Total

Two Year \$795.00 + \$35.00 + \$830.00 Total

Note: Verify that application has been properly signed on both

I understand and agree to all provisions stated on this Membership Application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

(Upon your acceptance to Two Twelve, membership fees are non-refundable.)

## **Payment Information:**

*(Please check only one option)*

My check is attached in the amount of \$ \_\_\_\_\_ **OR**

I prefer to pay by Credit Card ( Visa, MC, AMX, DISC ). Please email the link for secured payment on-line to my email address: \_\_\_\_\_ **OR**

Call me at this number \_\_\_\_\_ to provide Credit Card information verbally.



### ***Membership Ethics Covenant Statement***

As a member of Two Twelve Referral Network, it is imperative that you always operate in a fair and ethical manner. Further, our members are expected to deliver an exceptional level of service to all clients that were referred to them. We make the following promise to our fellow members by agreeing to the Two Twelve Referral Network Member Ethics Covenant:

1. I am able and willing to introduce and endorse my fellow members to my clients, and others that I know.
2. I will provide the highest level of quality service to the referrals I receive.
3. I will honor all pricing that I have proposed.
4. I will follow up with all referrals within a 24-hour period.
5. I will arrive on time to all meetings and will always project a positive "Ready-to-Help" attitude.
6. I will always be honest in my dealings with Members and their referrals.
7. I understand that attendance is critical. If I miss more than 4 meetings in any 6-month period, without providing a qualified Substitute, the Corporate Office can open my seat classification to a competitor.
8. I understand that my membership renewal is not automatic but is contingent upon my performance and overall value to the Team.
9. I will abide by all Two Twelve Referral Network Policies and Procedures.
10. I understand that the Team Governing Committee can recommend immediate termination of my membership if I falsify any business or referral information or violate any part of this Covenant.

I understand in signing this Covenant Agreement, it remains in effect for the duration of my membership with Two Twelve Referral Network to including renewals. I have read the Member's Ethics Covenant and promise to abide by its direction. Furthermore, I understand that if the Governing Committee ever feels that I am in violation of any part of this covenant, the Governing Committee has full authority to recommend disqualification of my membership to a Regional Director or higher authority at the corporate office. (Full, or Partial refund determined by Two Twelve Referral Network Corporate Office.)

Dispute Mediation: I understand that if a dispute should arise between me or my company and another member, or Two Twelve Referral Network, LLC, a qualified and mutually agreed upon third party mediation firm, will be utilized to settle.

I understand and agree to all provisions stated on this Membership Application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Governing Committee: APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ Date: \_\_\_\_\_