

**VTKE QWP VKGU'DWUK GUU'TGHGTT CN'P G VY QTM'**  
**Cr r dec vkqp'hqt 'O go dgt uj kr "**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_(Month/Day)

COMPANY NAME: \_\_\_\_\_

COMPANY STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

OTHER EMAIL: \_\_\_\_\_ WEB SITE URL: \_\_\_\_\_

BUSINESS CLASSIFICATION: \_\_\_\_\_

Does your business field require you to hold a professional license or certification? \_\_\_\_\_ (If so, please provide license information or attach a copy of license/certification to this application.)

Who invited you to join TCBRN? \_\_\_\_\_

Do you understand the commitment and responsibility you have, as a member of TCBRN, to operate ethically, provide quality referrals to other members, and pay your dues in a timely manner? \_\_\_\_\_

Have you received a copy of the current by-laws and read and agree with them? \_\_\_\_\_

Are you currently a member of any other networking group(s)? \_\_\_\_\_ Networking group(s): \_\_\_\_\_

How long have you been in your business category? \_\_\_\_\_ How long in this category locally? \_\_\_\_\_

Do you have E & O or Malpractice Coverage? \_\_\_\_\_

Your Signature \_\_\_\_\_

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**MEMBERSHIP DUES INFORMATION**

Membership Fee to Join TCBRN: \$100.00 (payable at application)

Renewal Fee of \$100.00 (payable at anniversary)

Quarterly Dues: \$150.00 (payable at beginning of quarter)