



## Business Referral Network Application

BRN Group \_\_\_\_\_ Chair of Group \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Nature of Business (25 words or less) \_\_\_\_\_

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\_\_\_\_\_ I am interested in being considered for the Executive Committee of BRN

\_\_\_\_\_ I have enclosed \$55 for the Business Referral Network Fee or

\_\_\_\_\_ Please invoice me for the \$55 Business Referral Network Fee

The San Mateo Area Chamber of Commerce Business Referral Network referrals are conditioned on your agreement to release and forever discharge the San Mateo Area Chamber of Commerce and its Business Referral Network Groups from any and all liability, known or unknown, arising out of the referral and any advice or information received in the course thereof. Your contact of any of the referrals will be considered an acknowledgement by you of your understanding and content to this release, and your agreement to its terms. Be advised that you might be relinquishing legal rights by agreeing to the release.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Initials) \_\_\_\_\_ I have read and understand the attached BRN policy and procedures.

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