



Circle of Influence – Committed to Helping People Grow Their Business.

MEMBERSHIP QUESTIONNAIRE AND APPLICATION FORM - PART I

Thank you for your interest in Circle of Influence, a professional networking focused on business-to-business relationships, in which the members are committed to helping people grow their business. We honor profession exclusivity and accept members through invitation only.

Requirements for membership:

1. Attend a minimum of five weekly meetings within a consecutive eight week period.
2. Conduct a minimum of eight one-on-one meetings with current members within the eight week period, three of which should be held with Advisory Board members.
3. Invite a minimum of one guest to attend a weekly meeting within the eight week period.
4. Demonstrate the commitment to helping others grow their business by providing two referrals to members within the eight week period.
5. Demonstrate the highest level of integrity, character, and professionalism in your business endeavors.

Printed Name _____

Your Title/Position _____ Length of Employment _____

Business Name _____

Business Phone _____ Alternate/Cell Phone _____

Business E-Mail _____

Business Website _____

Industry classification (telecom sales, CPA, commercial real estate, etc.) _____

Is your business B2B, B2C, or both? _____ Percentage of each: _____

List the products and/or services you provide to your clients (be as specific and comprehensive as possible.)

Describe a typical client/target client (i.e. type of business, number of employees, revenue, and industry.)

Name any industries or members with which you may have a business conflict: _____

Name members to whom you anticipate being able to refer business: _____

Applicants Name: _____

How do you anticipate Circle of Influence will be able to assist you? Please be as specific as possible. For example, list any members with whom you believe you would be able to partner or those who could assist you in generating business.

How can you contribute most to the success of Circle of Influence?

By completing Part I of this form, I indicate my interest in attending weekly meetings of Circle of Influence and working toward fulfilling the requirements for membership. I understand completion of this 4-page form, in whole or in part, does not guarantee my acceptance as a member of Circle of Influence.

Signature _____ Date _____

Instructions for Part I:

A. Complete the Membership Questionnaire/Application Part I (pages 1-2) and return to an Advisory Board Member **prior to attending your third meeting.** Upon review, the Advisory Board will respond with comments for completion of your membership requirements.

B. A \$20.00 non-refundable Application Fee is due with this form. Please make checks payable to COI Dallas.



Circle of Influence – Committed to Helping People Grow Their Business.

COMPLETION OF MEMBERSHIP REQUIREMENTS - PART II

List the dates of COI meetings you have attended as a guest. (Contact Administrator for details, if necessary.)

- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
- 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

List the one-on-one meetings you've conducted with current COI Dallas members. Dates of one-on-one's should be on or after the date of your first weekly meeting listed above. Meetings with non-COI members do not count toward the membership requirement of eight.

Conduct a minimum of eight one-on-one meetings with current members within the eight week period, three of which should be held with Advisory Board members.

Name				Date
1. _____	Member	Board	Facilitator	_____
2. _____	Member	Board	Facilitator	_____
3. _____	Member	Board	Facilitator	_____
4. _____	Member	Board	Facilitator	_____
5. _____	Member	Board	Facilitator	_____
6. _____	Member	Board	Facilitator	_____
7. _____	Member	Board	Facilitator	_____
8. _____	Member	Board	Facilitator	_____

List the names of the COI members to whom you have provided referrals and the type of referrals provided.

_____	_____
Member Name	Type of Referral
_____	_____
Member Name	Type of Referral

List the name of those who have attended COI Dallas meeting as your guest.

- 1. _____ Date _____
- 2. _____ Date _____

List any Business or Industry Associations, Chambers of Commerce, etc. of which you are a member.

Organization	Member Since
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List any Networking, Referral, or Leads groups of which you are a member.

Member Since

	Member Since
_____	_____
_____	_____
_____	_____

Instructions for Part II:

- A. Complete the Membership Application, Part II (pages 3-4) and return to an Advisory Board member once you have fulfilled all membership requirements.
- B. Your membership fee (\$55) is due with this form. Please make checks payable to COI Dallas.
- C. Email your biography, company logo, and personal photo to brian.rawlins@gmail.com for inclusion on the COI website. Your bio should include a few brief statements about you personally and/or your role within your company, as well as what goods and services your company provides. Find examples at www.coidallas.com.

What Happens Next?

The Board will review your application at their next monthly meeting, conducted the last Thursday of each month, and will make recommendation to the membership at the following monthly Business Meeting. Voting for new members takes place at the members-only Business Meetings, conducted on the first Thursday of each month. You will be notified of the membership’s decision soon after the members-only meeting.

Confirmation Signature:

I have been informed on the application requirements, as well as the general requirements for membership in COI Dallas. I understand that if accepted as a member, I am expected to actively participate by 1) attending weekly networking and monthly business meetings; 2) conducting one-on-one meetings with new, current, and prospective members; 3) inviting guests to attend weekly meetings; 4) referring business to other COI members; 5) paying dues in a timely manner; and 6) notifying a member of the Advisory Board when I will be unable to attend a meeting.

Signature: _____ Date: _____