Sioux Empire Connections Membership Application

Thank you for your interest in joining Sioux Empire Connections. Please complete the application below. All information will be kept confidential and used solely for membership consideration.

Applicant Information

Full Name:

Business Name:

Title/Role:

Industry / Profession:

Years in Business:

Business Address:

Phone Number:

Email Address:

Website (if applicable):

Business Details

Brief Description of Your Business (products/services offered):

Primary Target Market (who do you serve?):

Geographic Area Served:

Please list the profession you'd like to represent in our organization:

> **If that profession is represented by another member, list a secondary profession you'd like to represent:**

Referral Information

What types of referrals are you seeking?

What types of referrals can you provide to other members?

What differentiates your business from competitors?

Experience & Commitment

Have you participated in a referral group before?

☐ Yes ☐ No

If yes, please describe:

How do you typically generate new business?

How many referrals do you realistically expect to give per month?

Professional Standards

Do you hold any required licenses or certifications for your profession?

☐ Yes ☐ No

If yes, please list:

Professional References (optional but encouraged):

Name | Business | Phone/Email

Goals & Expectations

Why do you want to join this business referral group?

What do you hope to gain from membership?

What do you believe you will contribute to the group?

Absence Policy

By submitting this application, I agree that meeting attendance is recorded and more than one (1) unexcused absence (absent without a substitute) over a six (6) month rolling period will result in member contributing a $20 fee to the Sioux Empire Connection membership fund. If there are more than three (3) unexcused absences over this period, membership will be terminated.

Applicant Signature: _____

Date: _____

Agreement

A one (1) year membership donation of $500 must be paid before membership is activated. The donation is non-refundable in any event. If the donation is made by a business, the business will have the right to replace an outgoing member subject to approval of the organization's membership committee with another representative of that business.

This organization is committed to allowing members to represent their listed profession free of competition within the meeting environment. If there are repetitive infractions of violating another member's profession within the meeting setting, you may be subject to removal from the organization.

By submitting this application, I affirm that the information provided is accurate and that I am committed to actively participating, providing quality referrals, and upholding the professional standards of the group.

Applicant Signature: _____

Date: _____

Please return completed applications to the Kyle Swiden in-person or at kswiden@plainscommerce.com. Applications may be subject to review and approval by the membership committee.