

**PLAINFIELD AREA  
BUSINESS REFERRAL CLUB II**

**APPLICATION FORM**

DATE OF APPLICATION \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF THE PLAINFIELD AREA CHAMBER OF  
COMMERCE? \_\_\_\_\_

**MEMBERSHIP IN THE PLAINFIELD AREA CHAMBER OF COMMERCE IS A  
REQUIREMENT OF MEMBERSHIP IN THIS REFERRAL GROUP. IF YOU  
ARE NOT A CHAMBER MEMBER, MEMBERSHIP APPLICATIONS CAN BE  
OBTAINED ONLINE AT [WWW.PLAINFIELDCHAMBER.COM](http://WWW.PLAINFIELDCHAMBER.COM) OR BY  
CALLING THE CHAMBER OFFICE AT (815) 436-4431.**

NAME \_\_\_\_\_

SPONSORING  
MEMBER \_\_\_\_\_

BUSINESS  
NAME \_\_\_\_\_

BUSINESS  
ADDRESS \_\_\_\_\_

\_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_

EMAIL  
ADDRESS \_\_\_\_\_

PLEASE DESCRIBE YOUR BUSINESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT/WHO WOULD BE A GOOD LEAD FOR YOU?