

**POTENTIAL MEMBER
REFERRAL FORM**

CURRENT MEMBER INFORMATION

| | |
|--|---|
| Company Name: | Contact Name: |
| Email: | Phone: |
| Website Address: | |
| How did you find this referral? (Select all that apply) | |
| <input type="checkbox"/> Conference <input type="checkbox"/> Networking <input type="checkbox"/> Personal Referral | <input type="checkbox"/> LinkedIn (Don't Know Him/Her) <input type="checkbox"/> LinkedIn (Do Know Him/Her) <input type="checkbox"/> Industry Thought Leader |
| Other, Please Specify: _____ _____ | |

REFERRAL INFORMATION

| | |
|---|-----------------------------|
| Company Name: | Contact Name: |
| Email: | Phone: |
| Website Address: | |
| What type of RITA Member would they be? <input type="checkbox"/> Regular Member <input type="checkbox"/> Service Member <input type="checkbox"/> Ally | Company Description: |
| Are there any other details or points of information you can add? | |

OUTREACH (FILLED OUT BY RITA MEMBERSHIP DIRECTOR)

| | |
|---|--|
| Date of Contact: | Contact Name: |
| What email or phone number were they reached at? | |
| What was the resolution? | Is there any additional follow-up required? |
| Additional Notes / Comments | |