

**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	