



NEXTGEN BUSINESS NETWORK (NBN)

DATE

REFERRING COMPANY

NEW CLIENTS NAME

NEW CLIENTS COMPANY

TYPE OF SERVICE/ LINE OF WORK

IF YOU OFFER MULTIPLE SERVICES PLEASE LIST THE TOP 3 YOU'D LIKE THE GROUP TO CONSIDER PROMOTING
EXAMPLE: HAIR SALON 1. HAIR CUTS 2. EXTENSIONS 3. COLOR

CLIENT ONBOARD INFORMATION

CLIENT CELL PHONE	
CLIENT WORK PHONE	
CLIENT EMAIL	

CLIENT ADDRESS	
CLIENT CITY, STATE	
CLIENT ZIP CODE	

POSITION IN BUSINESS	
HOW LONG HAS THE BUSINESS EXISTED?	
HOW LONG HAVE YOU WORKED FOR THE BUSINESS?	
WHAT IS SOMETHING POSITIVE YOU CAN BRING TO THE GROUP?	

BUSINESS ADDRESS	
CITY, STATE, ZIP	
WEBSITE	

PLEASE HELP US GET TO KNOW YOU BETTER BY ANSWERING THE FOLLOWING QUESTIONS:

- 1) Are you in other networking groups? _____
- 2) How many employees work with you? _____
- 3) Are you certified, licensed, or have you received your degree? _____
- 4) What is your reason for wanting to join NextGen? _____



Board Advisory Only

Please circle the decision in which the board has made:

Approved

Denied

If denied, please explain why:

Board Advisor Printed Name: _____

Title: _____

Today's Date: _____