



## MEMBER-TO-MEMBER OPPORTUNITY PROGRAM

If you have a business that has benefitted, or could benefit, from referrals by other Members, and if you pay commissions or fees for referrals, or are considering doing so, then you need to participate in NAWBO-OC's Member-to-Member Opportunity Program. Fill out this form and return it by e-mail or fax to [admin@nawbo-oc.org](mailto:admin@nawbo-oc.org) or 714-632-5405. Qualified Member-to-Member Opportunities are defined as: (a) submitted by a NAWBO-OC Member in good-standing, (b) requiring no specialized expertise or training, (c) with no buy-in or purchase requirement, and (d) exclusive of all part-time or full-time employment opportunities.

<b>YOUR NAME</b>		
<b>YOUR BUSINESS NAME</b>		
<b>INDUSTRY</b>		
<b>PRODUCTS AND/OR SERVICES</b>		
<b>DESCRIBE THE OPPORTUNITY AVAILABLE TO OTHER MEMBERS</b>		
<p>(EXAMPLE: FOR EVERY NEW CUSTOMER REFERRED TO MY BUSINESS BY ANOTHER NAWBO MEMBER, I'LL PAY \$50.00. A "NEW CUSTOMER" IS DEFINED AS SOMEONE WHO PURCHASES OUR COMPANY'S PRODUCTS FOR THE FIRST TIME.)</p>		
<b>DESCRIBE HOW THE OPPORTUNITY FEE WILL BE RECORDED AND PAID</b>		
<p>(EXAMPLE: REFERRALS CAN BE RECORDED BY E-MAILING OR CALLING OUR CUSTOMER SERVICE DEPARTMENT IN ADVANCE OF THE ORDER AT _____@_____.COM OR ____-____-____. STATE THAT YOU'RE FROM NAWBO AND PROVIDE YOUR NAME AND YOUR REFERRAL'S NAME. IF CONTACTING US BY E-MAIL, PLEASE ALSO PROVIDE YOUR CONTACT DETAILS, INCLUDING A MAILING ADDRESS. WITHIN 30 DAYS AFTER YOUR REFERRAL PLACES AN ORDER, WE'LL ISSUE YOUR CHECK FOR \$50.00.)</p>		
<b>YOUR E-MAIL ADDRESS</b>		
<b>YOUR PHONE NUMBERS</b>	<b>OFFICE:</b>	<b>MOBILE:</b>
<b>YOUR STREET ADDRESS</b>		
<b>CITY   STATE   ZIP</b>		
<b>QUESTIONS ABOUT THIS OPPORTUNITY SHOULD BE DIRECTED TO:</b>		
<p><b>I AGREE</b> THAT NAWBO-OC MAY POST ALL INFORMATION ON THIS FORM ON ITS WEBSITE, AND MAY POST LINKS TO THIS INFORMATION FROM ITS RELATED SOCIAL NETWORKING SITES.</p>		
<b>SIGNATURE:</b> _____		<b>DATE:</b> _____