



Proven Business Leadership



LIBA
620 North 48th, Suite 205
Lincoln, NE 68504
Phone: 466-3419
Fax: 466-7926

Date
First Name
Last Name
Business Name
Business Address
City State Zip
Describe Your Product or Services:
Sponsor's Name:

LIBA REFERRAL NETWORK

Web Site Address
E-mail Address
Business Phone
Home Phone
Fax #

Registration Fee: \$50

Personal Membership: [] Company Membership: []

What is your preferred meeting time? 7:30 AM [] 11:45 AM [] 4:30 PM []

Experience in Field/Occupation:

Education background in Field/Occupation or Degrees, Licenses or Credentials required to perform in Field/Occupation:

Is the occupation under which you are applying for membership a full or part-time occupation? Full Time: [] Part Time: []

How long have you been with the company you are representing today?

Are you able and willing to make the commitment to arrive at our meetings on time and stay throughout the entire meeting?

Is there an individual in your company who would be willing and able to attend meeting on your behalf, should you be unable to attend?

What is your ability to bring qualified referrals or visitors?

Do you belong to other networking organizations? If so, please list

Business References

Name
Business
Business Relationship

Position
Phone
Fax

Name
Business
Business Relationship

Position
Phone
Fax