NetWorks! Boise Business Minds – Member Focus Form

Member Name: _____ Your Name: _____ Date: __/__/__

****

Use my name: Yes or No

What can you tell the member about the nature of this referral? : _____

_____

_____

Company Name: _____ Contact Name: _____ Title: _____

Phone#: _____ Alternate Phone: _____ Email: _____

Web: _____ Address:_____

****

Use my name: Yes or No

What can you tell the member about the nature of this referral? : _____

_____

_____

Company Name: _____ Contact Name: _____ Title: _____

Phone#: _____ Alternate Phone: _____ Email: _____

Web: _____ Address:_____

****

Use my name: Yes or No

What can you tell the member about the nature of this referral? : _____

_____

_____

Company Name: _____ Contact Name: _____ Title: _____

Phone#: _____ Alternate Phone: _____ Email: _____

Web: _____ Address:_____

Use my name: Yes or No

What can you tell the member about the nature of this referral? : _____

_____

_____

Company Name: _____ Contact Name: _____ Title: _____

Phone#: _____ Alternate Phone: _____ Email: _____

Web: _____ Address:_____