



ONE MORE REFERRAL

Building Your Business One Referral at a Time

Chapter Meeting – Wrap Up

Date: _____

Chapter: _____

Facilitator: _____

Community Service Partner: _____

Attendees:	Amount Collected:
Number of Guests _____	_____
Number of Basic & Preferred Members _____	_____
Number of Incentive Members _____	_____
Total Members / Guests _____	_____

2010 Preferred & Incentive Memberships Signups

Program	Member	Company	Email	Total Collected
Preferred	_____	_____	_____	_____
Preferred	_____	_____	_____	_____
Preferred	_____	_____	_____	_____
Incentive	_____	_____	_____	_____
Incentive	_____	_____	_____	_____
Incentive	_____	_____	_____	_____

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### Meeting Wrap Up Totals:

**Amount of Attendance Fees (\$5.00) Collected:** \_\_\_\_\_

**Amount of Preferred Member Fees Collected (\$25.00):** \_\_\_\_\_

**Amount of Incentive Member Fees Collected (\$125.00)** \_\_\_\_\_

**Amount of Community Service Donations Collected:** \_\_\_\_\_

**Deposit Date:** \_\_\_\_\_

**Total Deposit:** \_\_\_\_\_

After each meeting, if the facilitator would complete this form and email or fax to:

Melissa Lesniak  
One More Referral  
603-475-7476 cell ~ 603-610-8550 fax  
mlesniak@kw.com