



## CRG Inquiry Page Cinci Referral Group

**Note: Areas in Red must be filled out**

**First Name:**

**Middle Initial:**

**Last Name:**

**Male or Female**

**Address Line 1:**

**Address Line 2:**

**City:**

**State:**

**ZIP Code:**

**Work Number:**

**Home Number:**

**E-mail Address:**

**Business Name:**

**Your title:**

**Business Start date or Hire date:**

**Year you plan to join:**

**Season you plan to join:**

**Have you read the CRG Guide Lines and the Disclaimer?**

**Yes Or No**

**Are you committed to the group and its members? Yes Or No**

**Are you members of any other Network Group: Yes Or No**

**If yes, please name the Network group?**

**How did you learn about us?**

**Note: You must first read CRG Guide Line before becoming a member.**