

**REFERRAL FORM**

**Please print out and Fax the completed form to the  
Nebraska Retail Federation at 402-474-3154.**

Referring Member's Name \_\_\_\_\_  
Referring Member's Business \_\_\_\_\_

Please contact the following businesses concerning membership in the NRF. Feel free to use my name.

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ NE Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ NE Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ NE Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Business \_\_\_\_\_  
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Phone \_\_\_\_\_

Name \_\_\_\_\_  
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