



Coaching program Membership Application

Date: _____

Your Name: _____

Business Name: _____

Your Title: _____ Ownership %: _____

Company Address: _____

City : _____ Province/State: _____

Postal Code / Zip: _____ Country: _____

E-Mail Address: _____

Your LinkedIn Profile address: _____

www.Twitter.com/_____

www.FaceBook.com/_____

Website: WWW. _____

Business Phone: (_____) _____ Fax: (_____) _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Assistant's Name / Email: _____

Years in business: _____ Total # Employees _____ Mg't. & Admin: _____ Other: _____

Dan Murray, CR

dan@YourRestorationCoach.com



YOUR RESTORATION COACH

www.yourrestorationcoach.com

This form is to help us understand your needs so we can discuss and decide on the best plan for you!

Which Services do you PRESENTLY offer:

✓ in-house

✓ sub-contracted

✓ if want to do in future

- | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Mitigation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Fire & Smoke |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General Cleaning Services |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mould Remediation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos Remediation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oil Spills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Large Loss (Industrial or Comm.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Regional CAT Loss (res. events) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roofing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Board-Ups |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General Contracting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing / Leak detection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IR Camera Surveys |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dry-cleaning / Laundry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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What are YOUR Top 3 Business Goals for next year:

1. _____

2. _____

3. _____

Whats Your Top 3 Expectations from working with YourRestorationCoach:

1. _____

2. _____

3. _____

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What else should I know about you or your business?

Thank you!

Additional Information to allow us to serve you better:

Annual Sales Last 3 Years: \$ _____ \$ _____ \$ _____

Email a scanned copy of completed form (or Fax or Mail) along with requested information to:

Your Restoration Coach Ltd.

43 Forest Road

Dartmouth, NS B3A 2M4

dan@YourRestorationCoach.com

Phone: 902-463-3443

Fax: 902-876-8765

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