

# Registration for Community Referral Reward Plan

Date: [Insert Date]

Dear [Recipient's Name],

We are excited to invite you to participate in our Community Referral Reward Plan. This program is designed to reward members of our community for referring new participants to our services.

To register for the program, please complete the information below:

## Registration Information

Full Name:

Email Address:

Phone Number:

Address:

Thank you for your interest in our Community Referral Reward Plan. We look forward to your participation and appreciate your efforts in helping us grow our community.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]