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## Your Circle of Influence

Fill in the names of each person listed below.

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Brothers: \_\_\_\_\_

Sisters: \_\_\_\_\_

Aunts: \_\_\_\_\_

Uncles: \_\_\_\_\_

Cousins: \_\_\_\_\_

Friends: \_\_\_\_\_

Friends of family members: \_\_\_\_\_

Neighbours: \_\_\_\_\_

Current and former co-workers: \_\_\_\_\_

Physician: \_\_\_\_\_

Chiropractor: \_\_\_\_\_

Massage therapist: \_\_\_\_\_

Dentist: \_\_\_\_\_

Real estate agent: \_\_\_\_\_

Lawyer: \_\_\_\_\_

Insurance agent: \_\_\_\_\_

Accountant or tax planner: \_\_\_\_\_

Financial adviser: \_\_\_\_\_

Bank manager or person you deal with: \_\_\_\_\_

Current and former coaches: \_\_\_\_\_

Current and former classmates: \_\_\_\_\_

Current and former teachers: \_\_\_\_\_

Postal carrier: \_\_\_\_\_

Dry cleaner: \_\_\_\_\_

Church members: \_\_\_\_\_

Personnel at restaurants: \_\_\_\_\_

Members of other groups you belong to: \_\_\_\_\_

Personnel in businesses you regularly patronize: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_