

LeTip Membership Application

Complete form & submit to your Treasurer



1. Member Classification - (choose one)

- Personal Membership (paid by the member)
- Company Membership (paid by a company)

2. Member Type - (choose one)

Transfers: use Transfer Application Form

- New
- Returning
- Company Replacement*

* Name of replaced member (Company Replacement only) _____

3. Chapter Name - (print clearly)

Chapter name: LeTip of _____ State _____

4. Contact Information - (print clearly)

Name, Last _____ First _____ MI _____

Optional Nickname for badge _____ Phone () _____ - _____ Fax () _____ - _____

Mailing address _____

City _____ State _____ Zip Code _____

Company _____

Website: www. _____

email _____

I choose to: opt in not opt in to receive email newsletters from: Corporate My Region.

5. Official LeTip Category - (must appear on approved category list found online)

Visit www.letip.com and click on "Find a Member." An up-to-date Official Category List will appear. Categories that are not listed on this page, will be rejected unless approved by LeTip Corporate and your Regional Director.

My Official LeTip Category _____

6. LeTip Sponsor Information - (member who introduced you to LeTip)

Sponsor's Full Name _____

Sponsor's Chapter: LeTip of _____

7. Payment - (must be recieved before inspection. Make payable to LeTip International, Inc. Chapter checks not accepted.)

- I have included payment, in the form of credit card or check, for my initial LeTip Membership Fee, in the amount of \$325.00

(Your initial Chapter Fee, made payable to your Chapter, must be paid in a separate transaction to your Chapter Treasurer.)

- Personal Check Company Check Cashier's Check or Money Order Check # _____

- MasterCard Visa Discover Amex Account # _____

Name as it appears on credit card _____

Billing Zip Code _____ CVW number on back of card _____ Expiration Date _____

8. Applicant Acceptance and Signature - (see back page)

My signature below attests that I have read, fully understand, and agree to abide by LeTip International's Application Agreements, fee structure and program requirements printed, on the back page of this application.

Signature _____ Date ____/____/____

LeTip International, Inc., 4838 East Baseline Road, Suite 123, Mesa, AZ 85206-4675

tel: 800-255-3847 • fax: 480-264-4644 • www.letip.com

White Copy - LeTip International • Yellow Copy - chapter • Pink Copy - Member

LeTip Application Agreement

Prior to the inspection process, Applicant is required to read, fill out form (front and back), check off each box, and sign at the bottom of both the front page and the back page. Once filled out, Application must stay with the Chapter Treasurer.

After the new member is voted in, Chapter Treasurer is to mail application and payment to Letip International, Inc.

- I agree to attend a Network Training Seminar within 60 days of joining, or if later, at the earliest scheduled seminar for my region.
- I understand that if I, or my alternate, miss two (2) consecutive unexcused meetings, or four (4) meetings in a calendar quarter, excused or not, my membership will be terminated. Arriving late or leaving early will not be tolerated, and will count as an excused absence for the calendar quarter.
- I will notify the Chapter's Vice-President in advance if I am unable to attend a meeting.
- I understand Quarterly Business Mixer attendance is mandatory. Non-attendance incurs a \$10 Reminder Fee.
- I agree to act and dress like a business professional.
- I will support each member in my LeTip Chapter and strive to have them satisfy my business/individual needs.
- I will invite guests to meetings and encourage them to join.
- I will sponsor one new member into LeTip within my first year.
- I will mail ten letters to prospective members within one week of joining, and agree to pay my chapter a \$10 Reminder Fee for every week I am non-compliant.
- I agree to Article IV, Section 4.1 (f) of the LeTip Bylaws which states that I am required to provide a minimum of 4 Tips per month in my chapter. I am willing to make this commitment and agree to pay a \$1 Reminder Fee every week that I do not pass a Tip, and failing to pass 4 Tips per month is grounds for termination.
- I understand that my membership may be terminated because of a breach of ethics.
- I work full-time in my Official LeTip Category.
- I will only represent my Official LeTip Category, as it appears on my badge.
- I have a current license and/or insurance, if necessary, to work in my category, and it is in good standing.
- I will conform to LeTip's Bylaws, Rules & Procedures, and any subsequent changes that may occur.
- I understand that I cannot belong to a similar networking group, tip or barter organization.
- I understand that members are expected serve on the Board or a committee. I am interested in (choose one):
 Becoming a Board Member. Serving on a committee. My interests are:
- I understand the information on this application will be used by the chapter when voting on my membership, or if a new chapter, by LeTip International's Representative.
- I understand that if I resign from LeTip, or my membership is terminated by the Board of Directors or a LeTip International Representative, my membership and renewal dues are non-refundable.
- I fully understand my financial obligations regarding my initial LeTip Membership Dues of \$ _____, Initial Chapter Dues of \$ _____, and my Chapter's Quarterly Dues \$ _____.

My signature below, and on the front page of this application, attests that I have read, and understand all the above statements, and agree to abide by them.

► Signature _____ Date ____/____/____