

LeTip Membership Application

Complete form and submit to your Treasurer



Applicant's business card must be affixed here

USA

1. Member Classification - (choose one)

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

2. Member Type - (choose one)

- New Returning Category Change Only (\$25 fee)
 Transfer (must include a Transfer Application Form)
 Company Replacement (\$75 fee). Name of member being replaced: _____

3. Chapter Name - (Please print clearly)

Chapter Name: LeTip of _____ State: _____

4. Contact Information - (Please print clearly)

Name: Last _____ First _____ MI _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Company: _____ www. _____
Email: _____
Phone: () _____ - _____ Cell: () _____ - _____ Fax: () _____ - _____

5. Official LeTip Category - Must be on current official category list. (<http://letip.com/inside-letip/official-category-list.html>)

My Official LeTip Category is: _____

6. LeTip Sponsor Information - Your sponsor is the member who introduced you to LeTip.

Sponsor's Full Name: Andrea Lopez
Sponsor's Chapter: LeTip of _____

7. Payment - Requires two transactions: one payable to LeTip International, AND one payable to your chapter. Both must be received prior to inspection.

- I have included payment, in the form of credit card or check, for my initial LeTip Membership Dues of \$390.00
- 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: _____ Card Security Code: _____ Expiration Date: ____/____/____
- My initial chapter dues, made payable to my chapter, will be paid in a separate transaction to my chapter treasurer.

8. Automatic Renewal -

I/We hereby authorize LeTip International, Inc. to withdraw funds (checks or debit/credit card) for the purpose of paying my/our annual LeTip International membership dues, including any late fees or service fees.

Depository Name (bank or card) _____ Routing # _____
Account # _____ Name on Account _____
Expiration Date: ____/____/____

Subject to the following conditions:

- [1] The item shall be withdrawn on or about the 10th of your anniversary month.
- [2] By executing this agreement, you acknowledge your awareness that certain disclosures required by the Electronic Funds Transfer Act and its regulations are available for your review at LeTip International's website: www.letip.com under Terms of Use.
- [3] If this pre-authorization payment arrangement is revoked for any reason, this does not release you from your membership financial obligations.
- [4] A service fee will be assessed and drafted for any check, debit/credit card which is returned by your financial institution for any reason. Late payment of renewal dues may be subject to an automated late fee.
- [5] This preauthorization payment arrangement shall apply to the following applicant:

Signature: _____ Date: ____/____/____

9. Applicant Acceptance and Signature -

My signature below attests that I understand that **LeTip International dues are non-refundable**, and that I have read, understand, and agree to abide by LeTip International's Application Agreement, fee structure and program requirements. I also understand that if I resign from LeTip, or my membership is terminated by the board of directors or by a LeTip International representative, **my membership and renewal dues are non-refundable**.

Signature: _____ Date: ____/____/____

LeTip International, Inc., 4838 E. Baseline Road, Suite 123, Mesa, AZ 85206-4675
tel: 800-255-3847 • fax: 480-264-4644 • www.letip.com

LeTip Application Agreement

Prior to the inspection process, the applicant is required to read, and fill out the entire form. Once completed, the application and payment must be given to the chapter treasurer. After the new member is voted in, the chapter treasurer is to mail the application, and LeTip International dues, to LeTip International, Inc., in Mesa, AZ.

- 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 may 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 Gentle Reminder.
- 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.
- Upon joining, I agree to mail ten letters or postcards to prospective members. I also agree that it is my responsibility to help grow my chapter.
- 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 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 agree to represent only one Official LeTip Category, as it appears on my badge.
- If required, I maintain a current license, accreditation, and/or insurance deemed necessary to work in my category.
- 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 to 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 fully understand my financial obligations regarding my initial and annual membership dues which include:**
- Initial LeTip Membership Dues of \$390.00
 - Initial Chapter Dues of \$_____.
 - Quarterly Chapter Dues \$_____.
 - Annual LeTip Membership Renewal is due during my anniversary month.
- AUTOMATIC RENEWAL**
- If, I am not in default of this Agreement, and subject to the terms and conditions hereof, I agree to have my membership automatically renew at the rate indicated below. My membership will renew annually on the date that my membership application is approved by LeTip International, Inc. I acknowledge that LeTip International, Inc. reserves the right to increase membership dues. I understand that I will be given not less than 30-days notice of any such increase. If I cancel automatic renewal of my membership, I will send written notice not less than 30 days before cancellation to: LeTip International, Inc., 4838 E. Baseline Road, Ste 123, Mesa, AZ 85206.
- ANNUAL DUES** Annual Renewal Dues \$ 285.00
Member's Initials _____
- I have read, and understand all the above statements, and agree to abide by them.**