

## Membership Application & Agreement

Complete form and submit to the Treasurer

- Member Classification (choose one)
   Personal Membership (paid by the member) Company Membership (paid by the company)
- 2. Member Classification (choose one) \_\_\_\_ New \_\_\_ Returning \_\_\_ Category Change (\$20 fee) \_\_\_ Company Replacement (\$20 fee) Name of member being replaced: \_\_\_\_\_\_
- 3. Contact Information (Please print clearly)

   Name: Last \_\_\_\_\_\_\_ First \_\_\_\_\_\_\_ First \_\_\_\_\_\_ MI \_\_\_\_\_

   Mailing Address: \_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_

   City: \_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_

   Company: \_\_\_\_\_\_\_ www. \_\_\_\_\_\_\_

   E-mail: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_ Cell: \_\_\_\_\_\_
- **5.** Sponsor Information (Your sponsor is the member who introduced you) Sponsor's Full Name:
- 6. Payment (Initial Application Fee is \$100.00) Check: Personal \_\_\_\_ Company \_\_\_\_ Cashier's Check/PMO \_\_\_\_ Check #: \_\_\_\_\_\_ Credit/Debit Card: MC \_\_\_\_ Visa \_\_\_ Amex \_\_\_\_ Other \_\_\_\_ Card #: \_\_\_\_\_\_ Expires: \_\_\_\_\_ /\_\_\_\_ Billing Zip Code: \_\_\_\_\_\_ Security Code: \_\_\_\_\_\_

\_\_\_\_ My initial quarterly dues will be paid in a separate transaction to the Treasurer.

7. Applicant Acceptance and Signature:

My signature on page 2 attests that I understand dues are non-refundable, and I have read, understand, and agree to abide by this Membership Application Agreement, fee structure and program requirements. I also understand if I resign from, or my membership is terminated by the board of directors my membership and renewal dues are non-refundable.

Signature:	Date:	//
Attach Business Card here:		
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## **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 treasurer. After the new member is voted in, the treasurer is to process the application and deposit all proceeds collected from the applicant (new member).

I agree to participate in the mandatory PRO-motion Training Sessions.

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 may count as an excused absence for the calendar quarter.

I will notify the Vice-President in advance if I am unable to attend a meeting.

I understand Business Mixer attendance is mandatory. Non-attendance incurs a \$20.00 incentive.

I agree to respect other members when they are speaking.

I will support each member and review ways they can satisfy my business/individual needs.

I understand that my membership may be terminated because of a breach of ethics.

I will invite qualified guests to meetings and encourage them to join.

I agree to my requirement to pass a minimum of four (4) referrals per calendar month.

I work full-time in my Official Category.

I agree to represent only one Official Category, as it appears on my badge.

If required, I maintain the current licenses, accreditation, and/or insurance for my category.

I will conform to PRO By-Laws, Rules & Procedures.

I understand that I may not belong to another networking, tip, or barter organization.

I understand the information on this application will be used when voting on my membership.

I fully understand my financial obligations regarding my initial and annual membership dues which include:

\_\_\_\_ Initial Application Fee of <u>\$100.00</u> (refunded if membership is not approved)

\_\_\_\_ Initial Adjusted Quarterly Dues of \$\_\_\_\_\_

\_\_\_\_ Quarterly Dues \$ 200.00

\_\_\_\_ Annual Membership Renewal is due first week in January.

\_\_\_\_\_ I have read, and understand all the above statements, and agree to abide by them.

Signature:	

\_\_\_\_\_Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_