Application for Membership

Name: _____

Company: _____

Position: _____

How long have you been in this line of work?: _____

If less than two years, please describe previous employment: _____

_____

_____

Home Address: _____

Company Address: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Website: _____

Education, Certifications, Qualifications:

_____

_____

_____

Please describe your primary product and/or service in detail:

_____

_____

_____

Who is your target market?:

_____

_____

What other organizations do you belong to?:

_____

_____

Based on your experience of visiting CIP, please describe how you and your business are a good fit:

_____

_____

What distinguishes you within your profession?:

_____

_____

_____

What volunteer activities are you doing or have done in the past?:

_____

_____

Business References:
Please provide 3 references (2 of these should be clients or customers if possible).

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

The annual **CIP member dues are $125,** and are to be paid at or before the first meeting you attend as a member.

Please submit your completed membership application to the Membership Committee member that you've been in contact with.

- The information I have provided is true and correct to the best of my knowledge.
- I authorize verification of all information I have provided on this form.
- I understand that false information may lead to refusal of my application.
- I agree to honor the guidelines established by "Community Inspired Professionals".
- I agree to pay my dues on time and in full. I understand that if I fail to do so, I am not eligible to attend meetings until my dues are brought current, and I will be required to pay a reinstatement fee of $25.

Signature: _____ Date: _____