

# LeTip Membership Application

Complete form & submit to your Treasurer



Applicant's business card  
must be affixed here

## 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 receive email newsletters from: ☐ Corporate ☐ My Region.

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

Visit [www.letip.com](http://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.

Official LeTip Category \_\_\_\_\_

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

Sponsor's Full Name \_\_\_\_\_

Sponsor's Chapter: LeTip of \_\_\_\_\_

## 7. Membership Fee & Payment - (payable to LeTip International, Inc. prior to inspection)

- ☐ 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 card \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ CVV 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

tel: 800-255-3847 • fax: 858-490-2744 • [www.letip.com](http://www.letip.com)

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



# LeTip Application Agreement

Applicant must check off each box, and sign at the bottom of both front and back pages.

**(The top page of this application must stay with the Chapter Treasurer.)**

- ☐ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_