

CHAPTER NAME: LETIP OF _____ CHAPTER NAME STATE DATE: ____/____/____ INFO: 1-800-25-LETIP

LAST NAME	FIRST	EMPLOYER	AREA CODE
EMPLOYER ADDRESS		CITY	STATE ZIP CODE PHONE
OCCUPATION	FRANCHISE OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	E-Mail address:	FAX
1. SPONSOR (1) NEW MEMBER IN MY FIRST YEAR. 2. TIP A MEMBER AT LEAST TWICE A MONTH. 3. DISPLAY LETIP BROCHURES AT MY PLACE OF BUSINESS. 4. I OR MY ALTERNATE WILL ADHERE TO ATTENDANCE REQUIREMENTS. 5. ALWAYS HAVE A FELLOW MEMBER SATISFY MY BUSINESS OR PERSONAL NEEDS WHENEVER POSSIBLE.		6. REPORT ANY BREACH OF ETHICS TO THE ETHICS COMMITTEE. 7. CONFORM TO LETIP INTERNATIONAL BYLAWS, RULES, PROCEDURES AND SUBSEQUENT CHANGES THAT MAY OCCUR. 8. I MAY NOT BELONG TO ANY OTHER LEADS, TIP OR BARTER ORGANIZATIONS. 9. MUST ATTEND NEW MEMBER ORIENTATION MEETING.	
BADGE NICKNAME OR FIRST NAME ONLY <small>(THIS NAME WILL APPEAR ON YOUR BADGE)</small>	CATEGORY (DENTIST, BANKER, ETC.)*	IS THIS A COMPANY OWNED MEMBERSHIP? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*CATEGORIES MUST BE CHOSEN FROM THE LETIP CATEGORY LIST.		1) IF PAYING FOR A COMPANY OWNED MEMBERSHIP, PLEASE PAY BY COMPANY CHECK. ANY OTHER TYPE OF PAYMENT WILL BE CONSIDERED PERSONALLY OWNED. 2) AN INDIVIDUAL MAY REPRESENT THEMSELF OR THEIR COMPANY IN ONLY ONE CHAPTER.	
SPONSOR NAME: X	CHAPTER:	TRANSFERS! THIS APPLICATION MUST BE ACCOMPANIED BY TRANSFER APPLICATION.	
REFERRED BY: DIRECT MAIL CHECK ONE X	REG. DIR. X	MEMBER X	AMBASSADOR X
TWO CHECKS MUST BE GIVEN TO INSPECTOR (LIST AMOUNTS BELOW)		APPLICANT'S SIGNATURE XX	
1. _____ LETIP INTERNATIONAL 2. _____ LOCAL LETIP CHAPTER		AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> CARTE BLANCHE <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> NUMBER _____ EXP. DATE _____ Authorization code _____ YOUR BILLING ZIP CODE _____ SIGNATURE FOR CHARGES XX required for verification (where your bill is mailed)	
Method of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Check # _____ <input type="checkbox"/> Company Check# _____ <input type="checkbox"/> Club Check# _____ AMOUNT \$ _____			
The Treasurer must mail TOP sheet and check (for fast badge service) to: LETIP INTERNATIONAL, INC. P.O. BOX 178130 • SAN DIEGO, CA 92177 www.letip.com		ALL FEES TO LETIP INTERNATIONAL ARE NON-REFUNDABLE	

Inspection MUST be made at place of business. TO BE COMPLETED BY INSPECTOR

I WOULD BE INTERESTED IN SERVING ON THE FOLLOWING COMMITTEE:

MEMBERSHIP BUSINESS MIXER PUBLICITY PROGRAM DIRECTOR OFFICER ETHICS INSPECTOR TIPMASTER

- Are you willing to support each member in your LeTip chapter? YES NO
- If membership is accepted you must be working full time in the selected category. Do you agree? YES NO
- If I or my alternate miss two (2) consecutive un-excused meetings, or four (4) meetings in a calendar quarter, excused or not, membership will be terminated. A member arriving late or leaving early at a meeting will not be tolerated, and for attendance purposes will count as an excused meeting for calendar quarter attendance. Do you agree to this rule? YES NO
- If your membership is accepted, you cannot belong to a similar networking group, tip or barter organization. Does this pose a problem? YES NO
- Do you agree to act and dress like a professional? YES NO
- By applying for membership in this chapter, you are asking its members to extend loyalty to you in the form of tips. Are you willing to make the same commitment to other members? YES NO
- Article IV, Section 1(e) of the bylaws states that you are required to provide a minimum of 2 tips per month to any chapter member. Are you willing to make this commitment? YES NO
- Do you understand that your membership may be terminated because of lack of attendance or lack of tips given, or breach of ethics? YES NO
- Do you understand that you are required to invite guests to chapter meetings and also encourage them to join? YES NO
- Who are you networking with at the present time that you could bring to a meeting in an open category? (need five names and telephone numbers of professionals)

Name	Name	Name	Name	Name
()	()	()	()	()
Area Code - Telephone Number	Area Code - Telephone Number	Area Code - Telephone Number	Area Code - Telephone Number	Area Code - Telephone Number
Category	Category	Category	Category	Category
Business Name	Business Name	Business Name	Business Name	Business Name

- What category would you like the membership to concentrate on that is not represented in the chapter? _____
- What profession would you be able to tip repeatedly because of your profession? _____

I understand this information will be used in voting on my application, or if a new chapter, by the LeTip International representative in acceptance of my membership. I understand if I resign from my LeTip chapter, or my membership is terminated by the Board of Directors or a LeTip International Representative, that membership and renewal dues are non-refundable. I have read and discussed all the above statements and questions and agree to abide by them.

DATE

INSPECTOR'S SIGNATURE

SIGNATURE OF APPLICANT