

CHAPTER NAME: LETIP OF _____ INFO: 1-800-25-LETIP

CHAPTER NAME STATE

LAST NAME FIRST EMPLOYER AREA CODE

EMPLOYER ADDRESS CITY STATE ZIP CODE PHONE

OCCUPATION FRANCHISE OWNER YES 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. ADHERE TO ATTENDANCE REQUIREMENTS.
 5. SATISFY BUSINESS OR PERSONAL NEEDS WHENEVER POSSIBLE THROUGH FELLOW LETIP MEMBERS.

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. AGREE TO NOT BELONG TO ANY OTHER LEADS, TIP OR BARTER ORGANIZATIONS.
 9. ATTEND A NEW MEMBER ORIENTATION MEETING WITHIN FIRST 2 MONTHS OF BECOMING A MEMBER.

BADGE NICKNAME OR FIRST NAME ONLY (THIS NAME WILL APPEAR ON YOUR BADGE) CATEGORY (DENTIST, BANKER, ETC.)*

IS THIS A COMPANY OWNED MEMBERSHIP? YES NO

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.

*CATEGORIES MUST BE CHOSEN FROM THE LETIP CATEGORY LIST.

SPONSOR'S NAME: TRANSFER MEMBERSHIP FROM DATE: TRANSFER FEE OF \$100.00 MUST ACCOMPANY THIS APPLICATION. MEMBER MUST BE VOTED UPON.

SPONSOR'S CHAPTER: APPLICANT'S SIGNATURE XX

TWO CHECKS MUST BE GIVEN TO INSPECTOR (LIST AMOUNTS BELOW) OR CHARGE AMEX VISA MASTERCARD DISCOVER CARTE BLANCHE DINERS CLUB

1. _____ LETIP INTERNATIONAL NUMBER _____ EXP. DATE _____
 2. _____ LOCAL LETIP Authorization code _____ YOUR BILLING ZIP CODE _____
 SIGNATURE FOR CHARGES XX (where your bill is mailed)

Method of Payment: Credit Card Personal Check # _____ Company Check# _____ 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 absence 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