

Internal Use Only

Date Received: ___/___/___

Amount Received: \$_____

Board: Y or N Membership: Y or N

Date Accepted: ___/___/___

Tipmasters of Meridian

Membership Application

Name: _____
First Middle Last Spouse's First Name

Name of Business: _____

Mailing Address: _____
City State Zip

Physical Address: _____
City State Zip

Business Phone: _____ Fax: _____ Home Phone: _____

Email Address: _____ Website: _____

Date of Birth: _____

Marital Status: *(Circle One)* Married Single

Work Status: *(Circle One)* Self-Employed Employee

By Applying For Membership, I:

- 1. Understand that the only kind of membership shall be ACTIVE MEMBERSHIP, and this means I will exert every effort to attend each meeting on a regular basis. **I further understand that the rules of Tipmasters are that I cannot miss more than three (3) meetings in a row nor more than eight (8) meetings in a year without forfeiting my membership. (See By-Laws* rules relating to excused absences)***
- 2. Have read the TIPMASTERS BY-LAWS* and hereby AGREE TO ABIDE BY THEM.*
- 3. Have read the TIPMASTERS CODE OF ETHICS* and hereby agree to RIGIDLY ADHERE TO THE OBSERVANCE OF THE CODE.*
- 4. Have attached a check for **\$60.00**, to cover my application fee and my first months' meal charge.*
- 5. I am aware that a letter of resignation will end my responsibility for my monthly obligation to Tipmasters. My obligation must continue until written resignation is received by the membership chairman, by mail or email, and fees will cease on that date, the same as with a termination.*

Applicant's Signature: _____ Application Date: _____

Sponsored by: _____

Category Applied For: (Primary Business) _____

Please give a brief description of your business:

* By-Laws & Code Of Ethics can be found on online at <http://www.tipmasters.biz/>