



Membership Application
 (Please Attach Your Business Card)
www.ernmoney.com



Name (Last, First, M.I.) _____

Employer Name & Address _____

Occupation _____ Email Address _____

Phone _____ Fax _____

Category _____ Sponsor _____

Membership Type? PERSONAL COMPANY

Company Contact: Name _____ Phone: _____ Email: _____

Method of Payment:

Credit Card Personal Check # _____ Company Check # _____

\$400

AMEX VISA Master Card Discover

Number _____ Exp. Date _____

CVV# _____ Signature _____

I would be interested in serving on the following committee:

Membership Social/Mixer Publicity Program Mentor

Are you willing to support each member of ERN? Yes No

If I or my alternate miss four (4) meetings in a calendar quarter, membership will be terminated. A member arriving late or leaving early at a meeting will count as a 1/2 an absence for calendar quarter attendance. Do you agree to this rule? Yes No

If I do not pass a minimum of 48 ERN'd referrals per calendar year, membership will be terminated. Do you agree to this rule? Yes No

Do you understand that you are required to invite guests to ERN meetings and also encourage them to join? Yes No

Do you understand that your membership may be terminated because of: lack of attendance, lack of ERN'd referrals, or breach of ethics? Yes No

I understand this information will be used in voting on my application. I understand if I resign from ERN, or my membership is terminated by the board of directors of ERN, 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.

Disclaimer: In signing this document, I am granting ERN permission to use my image in all ERN publications, both print and electronic, including, but not limited to, marketing materials, press releases and the online membership directory at www.ernmoney.com which is available to the public. I am also giving permission for ERN to give this image to reputable third parties, when requested, for both print and electronic publications.

Date _____ Signature of Applicant _____

Visited by (Member Name): _____