



Business Member Application

Please return to: 7347-D Hanover Parkway
Greenbelt, MD 20770-3620

Date: _____	Business Phone: _____
Applicant's Name: _____	Business Fax: _____
Business Name: _____	Cell Phone: _____
Business Address: _____	Email Address: _____
City: _____ State: _____ Zip: _____	Business Category: _____
	Invited By: _____

PAYMENT IS DUE AT TIME OF APPLICATION AND WILL BE PROCESSED UPON ACCEPTANCE/ ALL FEES AND DUES ARE NON-REFUNDABLE.

In addition to the application fee and annual dues, there will be a weekly meeting fee due to your specific Chapter of REIS.

Annual Membership Fee: \$345.00 Application Fee: \$95.00 Total Amount Due: \$440.00 Method of Payment: <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Name on Card: _____ Card Number: _____ <div style="border: 1px solid black; width: 100%; height: 15px; margin: 5px 0;"></div> Expiration Date: ____/____/____ CCV #: _____ Card Billing zip code: _____	APPLICATION PROCESS Prospective members may attend four meetings as a guest of a current member. The completed application is submitted to the Membership Committee for review. After the screening process, Board of Directors will notify the prospective member of acceptance or non-acceptance by the. Upon acceptance, the President will announce the new member at the next meeting.
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APPLICATION QUESTIONS:

1. Please briefly describe your business: _____
2. Please describe your educational background as it applies to your profession or any applicable degrees, licenses, or credentials: _____
3. Is there an individual in your company who can attend REIS meetings when you are unavailable? _____
4. How long have you been in the profession you will be representing at REIS? _____
5. Would you be willing to serve in a leadership position within the REIS chapter? _____

BUSINESS REFERENCES:

1. Name: _____ Position: _____
 Business: _____
 Phone: _____ Fax: _____ Email: _____
 Describe your business relationship: _____
2. Name: _____ Position: _____
 Business: _____
 Phone: _____ Fax: _____ Email: _____
 Describe your business relationship: _____

I HEREBY CERTIFY AS FOLLOWS:

1. I possess all necessary licenses and/or insurance for the type of work I perform.
2. I work full-time in the business category selected
3. I will attend all regularly scheduled weekly meetings or supply an alternate.
4. I will attend all regularly scheduled monthly meetings or supply an alternate.
5. If unable to attend, I will notify ____24hrs____ in advance of the meeting time.
6. I agree to abide by the Rules & Regulations of REIS at all times.
7. I agree to conduct myself in a professional and ethical manner at all times.
8. I will support my REIS chapter and its members by passing qualified referrals, inviting guests and sponsoring new members.

I understand that failure to perform any of these requirements may be grounds for termination of my membership in the Chapter.

Signature