



## Membership Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last*

*First*

*M.I.*

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

*Street Address*

*Suite #*

*City*

*State*

*ZIP Code*

Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Industry Segment Applied for: \_\_\_\_\_

Sponsors Name (Invited by): \_\_\_\_\_

Application Fee: \$20.00-due at application date!

Quarterly Dues: \$75.00( see attached Membership Expectations)

### Please Answer All Questions

1. Experience in Industry applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Educational background in Field/Occupation or Degrees/Licenses/Certification etc...:

\_\_\_\_\_

\_\_\_\_\_

3. Describe your target client or typical client e.g. what is your preferred referral?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How long have you been with the company you are representing today?

\_\_\_\_\_

5. What are your expectations on helping others in the C.O.R.E organization with referrals and relationships?

\_\_\_\_\_

\_\_\_\_\_

## References

*Please list two professional references that you have done business with. If you wish you can attach a resume or biography.*

Full Name:

Relationship:

Company:

Phone: (    )

Address:

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Full Name:

Relationship:

Company:

Phone: (    )

Address:

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Full Name:

Relationship:

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release from the group without refund.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CORE Membership Expectations

**By signing this membership expectations form and completing the membership application, you agree to uphold the standards set forth by the CORE and be a contributing member of the organization.**

### MEMBER EXPECTATIONS

Ensure YOUR information listed on the CORE website is current and correct: [www.coreclt.com](http://www.coreclt.com)

#### **Attend a minimum 75% of all CORE activities.**

Attendance tracked events are as follows:

- Bi-monthly member-guest luncheons on the 1<sup>st</sup> and 3<sup>rd</sup> Thursdays of each month.
- Luncheons are held from 11:30am-1pm at Beantown Tavern in Matthews, unless otherwise noted.
- A Social Event may take the place of a missed luncheon. Members are expected to attend and encourage guests to come as well. Attendance will be tracked at these events as well.

Member participation is reviewed every six months by the Membership Committee. Should a member fall under the required 75% participation level during a six month period, the Executive Board will review overall participation from that period and determine if membership will be rescinded. If a membership is rescinded, member forfeits all paid dues and the business category is reopened. Those on waiting list will be contacted for applications. If a membership is rescinded, that member has 90 days before he or she can reapply. Membership acceptance should not be expected when reapplying.

#### **Items of Note:**

- An application fee of \$20 is required when applying for membership. This covers the cost of your name badge.
- Dues of \$75 are paid on a quarterly basis. This will pay for all of your lunches during that quarter.
- Membership is good for 1 year from acceptance date.
- Guests may only attend luncheons if they do not conflict with an existing member's industry slot.
- Social events are open to all people regardless of potential conflicts with members in good standing.

#### **Ethical Expectations**

All members must conduct themselves in a manner that is to be expected in any professional organization. No member should take advantage of another member's trust or confidence. No member should make promises of services to another member or persons in good standing within the community and not fulfill those assurances. To conduct one's self in an unprofessional manner or to owe money or services to another member for an unacceptable amount of time may lead to a member's dismissal. Ethical issues should be addressed to the Executive Board. All ethical issues are confidential and will be reviewed and handled with the utmost discretion.



I, \_\_\_\_\_ (printed name), have read and accept the 'CORE Membership Expectations' as stated above. I will do my best to achieve the expectations and understand that failure to do so may lead to the termination of my CORE membership.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Company name

Note: this signed document will be presented along with an application to a member of the Membership Committee for membership consideration.

Office Use: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_

Approved By: \_\_\_\_\_