



Letip of Salem – New Member Check List

Company Name: _____

Prospective Member: _____ Phone: _____

Letip Category: _____ Power Circle: _____

Sponsor: _____ Power Captain: _____

Corporate Membership Contact: _____ Phone: _____

___ 1st Meeting (Date: _____)

___ 2nd Meeting (Date: _____)

___ Application Package Given (Date: _____)

___ Inspector Assigned

➤ Inspector: _____ Date Assigned: _____

___ Discussion (Date: _____)

___ Inspection (Date: _____)

___ 2 Checks (Note: Possible Pro-Rated Dues)

___ Application Completed

___ Website Company Form Completed

___ Membership Vote (Date: _____) Voted In: _____ No Vote: _____ Speak Off: _____

___ Items Awarded at First Meeting (Date: _____)

- Card Caddy
- Visitation Card
- Pin
- By-Laws
- Badge

X _____
Membership Chairman Date

X _____
Assistant Membership Chairman Date

Please use this form to Collect Your Company's Information
for the [LeTip of Salem Web Site](#) and News Letter.

(You can FAX this completed form to 373-9848.)

(Please be sure your writing is clear and legible.)

<p>Company Logo</p> <p>Format must be .gif or .jpg Max. 175w x 150h (pixels)</p> <p>Email image to: brian@oregon.com</p>	<p>Company Name:</p> <p>Company Slogan:</p>		
<p>Description:</p>			
<p>How Best To Tip:</p>			
<p>Letip Category:</p>		<p>Power Circle:</p>	
<p>Member's Name:</p>			<p>Photo Here (Optional)</p> <p>Format must be: .gif or .jpg Max. 125w x 125h (pixels)</p> <p>Email image to: brian@oregon.com</p>
<p>Address:</p>	<input data-bbox="954 1117 1024 1192" type="checkbox"/>		
<p>Email:</p>			
<p>Web Site:</p>			
<p>Business Phone:</p>		<p>Business Fax:</p>	
<p>Mobile Phone:</p>		<p>Home Phone:</p>	

Additional Info for Quarter Flash Newsletter:

<p>Business Goals:</p>	
<p>Tell Us About Your Family:</p>	
<p>Your Hobbies:</p>	

Last Four Digits of your SSN #:

(Password for Edits)

JOIN DATE: