



The TIPPERS CLUB

*Professional Business Associates
6444 E. Spring St. PMB 283
Long Beach, California 90815*



MEMBERSHIP APPLICATION

Full Name _____ Nickname _____

Company Name _____ Your Title _____

Describe the product or service in which you specialize _____

Business Established When? _____ How Long Employed _____

Business Address _____ City and Zip _____

Home Address _____ City and Zip _____

Business Phone _____ Fax _____ Pager _____

Email Address _____ Web address _____

Home Phone _____ Spouse's Name _____

Birthdate _____ Sponsor _____

Who else do you know in Tippers? _____

What other business or community organizations are you a member of? _____

If member of another networking organization, give name: _____

Business References:

1. Name _____ Company _____ Phone _____

2. Name _____ Company _____ Phone _____

Where do you wish your mail to be sent? Business ___ Home ___

Please **attach a check for \$110 induction fee**, made payable to Professional Business Associates. Also **attach a passport type photograph of yourself (head and shoulders)** that will be returned to you when your roster page is completed. **If necessary provide a concise description of what your business does** (less than 50 words on the back of this application). **Dues are \$150 per quarter.** You will be billed in advance each quarter. Dues include the weekly breakfast.

I certify that I have read the Tippers By-Laws. Signature _____ Date _____

Date Received _____ Date Approved _____ Plaque Ordered _____ Name Tag Ordered _____ Date Inducted _____

Classification _____