



PRO Business Support Community
 2019 New Membership Payment Agreement
 (revised 1/26/2019)

PAYMENT INFORMATION	
Method of Payment:	Credit Card Payment Information:
<input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check Check # _____	Name (exactly as it appears on the card): _____ Credit Card #: _____ Expiration Date (mm/yyyy): _____ / _____ Card Verification Code: _____ Billing Address for Credit Card: _____ City: _____ State: _____ Zip Code: _____ NEW MEMBER PAYMENT METHODS (CHECK ONE): <input type="checkbox"/> Pay In Full Option - 1-year membership - \$100.00 application fee and \$300.00 dues for 12-month membership. Total fee must be submitted with completed application. While the membership may be cancelled with a 30 day notice, no prorated refund shall be paid for any unused portion of the membership. (Annual cost \$400 for the first year) <input type="checkbox"/> Quarterly Payment Option - \$100.00 application fee DUE IMMEDIATELY plus quarterly payments of \$85.00 charged to the member's credit or debit card beginning on the first of the month following receipt of the completed application and every three (3) months thereafter. The membership fee shall continue to be charged each quarter until cancelled by the member. Should the member wish to terminate their membership, he or she may do so with a 30 day written notice. Any scheduled payments due within the first 30-days of receipt of the notice to cancel membership shall still be due and charged to the appropriate credit card. <i>Quarterly Payment Plans MUST be made by credit or debit card, and are scheduled as recurring payments to that card.</i> (Annual cost \$440 for the first year) <input type="checkbox"/> Monthly Payment Option - \$100.00 application fee DUE IMMEDIATELY plus monthly payments of \$35.00 charged to the member's credit or debit card beginning on the first of the month following receipt of completed application and monthly thereafter. The membership fee shall continue to be charged each month until cancelled by the member. Should the member wish to terminate their membership, he or she may do so with a 30 day written notice. Any scheduled payments due within the first 30-days of receipt of the notice to cancel membership shall still be due and charged to the appropriate credit card. <i>Monthly Payment Plans MUST be made by credit or debit card, and are scheduled as recurring payments to that card.</i> (Annual cost \$520)
FEE AGREEMENT AND SIGNATURE	
<p>I understand that once my membership application or renewal has been accepted, membership fees are non-refundable for any reason. I agree to the terms and conditions of my selected payment option as described above. I further agree to abide by the policies and guidelines established by PRO and my individual PRO Team. Failure to do so may result in termination of my membership. I understand that if my membership is terminated for any reason, my credit or debit card will still be charged for applicable payment as described above.</p> <p>I understand that at any point I may change my payment plan, but doing so may result in a new membership renewal date which will be the anniversary of the first scheduled payment under the newly selected payment option. I understand that PRO reserves the right to change membership fees.</p> <p>Teams may elect to share in costs associated with Team Operations, such as fees for meeting rooms, coffee, etc., which are the responsibility of the member. Any such fees, if applicable, must be approved in accordance with the Team Operating Guidelines.</p> <p>I authorize PRO to process payment using the credit or debit card information I provided.</p> <p>If paying by check, I understand that if a check is returned for insufficient funds, I understand I will be charged a thirty-five dollar (\$35.00) service fee.</p>	
Signature	Date



PROFESSIONALS REFERRAL ORGANIZATION

*2019 Membership Application
(revised 9/26/2018)*

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone ()	E-mail Address		
Company Name			
Please list all industries you will represent (or that make up 10% or more of your total business activity or income), and describe your product or service			
Please describe your experience in your current field			
Please list any degrees or licenses you hold			
Is the industry you are representing your primary full time occupation? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SPONSORSHIP INFORMATION (WHO ORIGINALLY INVITED YOU TO PRO):			
<i>In order to be considered for membership in an existing chapter, or to start a new chapter, you must be endorsed by a PRO member in good standing, or by a member of the PRO management team.</i>			
Name and Company of Sponsoring Member			
Chapter of Sponsoring Member		Sponsoring Member's Phone Number ()	
PAYMENT INFORMATION			
Method of Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card (Membership Payment Form must be submitted with application)		
DISCLAIMER, PERMISSION TO CHECK REFERENCES, FEE AGREEMENT AND SIGNATURE			
<p>I certify that my answers are true and complete to the best of my knowledge. I give Professionals Referral Organization (PRO), or its designee's permission to contact my references in order to make an informed decision on my application for membership. I also understand that submission of a completed application and membership fee does not guarantee membership. I further understand that once my membership has been accepted, initial application fees and annual dues are non-refundable for any reason. I agree to hold harmless any member or guest of PRO, or the owners, employees, and representatives of PRO for any referral or introduction which could result in legal action, so long as that introduction or referral was made in good faith. I further agree to abide by the policies and guidelines established by PRO and my individual PRO Team, and failure to do so may result in termination of my membership.</p> <p>I understand that if a check is returned for insufficient funds, I will be charged a thirty five dollar (\$35.00) service fee.</p> <p>Teams may elect to share in costs associated with Team Operations, such as fees for meeting rooms, coffee, etc., which are the responsibility of the member. Any such fees, if applicable, must be approved in accordance with the Team Operating Guidelines.</p> <p>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 organization. Additionally, I agree to abide by the policies established by PRO and the PRO Team to which I am accepted as a member.</p>			
Signature			Date

Application is not valid unless received with payment or completed Membership Payment Agreement form. Applications may be delivered to a PRO Team's Moderator, Mentor or staff member. They may also be mailed to PRO, 8005 Creighton Parkway, Suite C-189, Mechanicsville, VA 23111. Membership Applications will be evaluated by the Membership of the PRO Team applied to and approved by the PRO Team prior to acceptance. Payment by check returned for insufficient funds or payment by credit card which is declined shall void this application. Returned checks are subject to a thirty-five dollar (\$35.00) fee, and payment for returned checks must be made by certified check, cashier's check, or in cash. For current application fee and membership dues, refer to the most current membership payment agreement form. Should you have any further questions, please call PRO at (804) 402-9926, or email info@professionalsreferralorganization.com.