

**Iron Sharpening Iron (ISI)**  
**Application for Membership**

Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Annual Revenue: \$ \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Your Birthday: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_ College Attended: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I attend church at: \_\_\_\_\_ Pastor's name: \_\_\_\_\_

Primary reasons for joining ISI: (Peer Relationships, Accountability, Growth Strategies, Leadership Development, Enhanced Decision Making, Business Stewardship, Improved Company Performance, other)

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

1. In making this application for membership to ISI, I understand that it is to be an annual renewable membership for the fee of (check one):

- \_\_\_\_\_ \$400.00 per month Investor Membership
- \_\_\_\_\_ \$200.00 per month Partner Membership
- \_\_\_\_\_ \$ 50.00 per month Starting Membership

I agree to automatic monthly credit card payments of the amount indicated above for twelve months.

Complete the Payment Authorization and submit it with your application.

2. I understand that I am required to pay my monthly ISI membership fee even if I miss a monthly forum.

\_\_\_\_\_ Initial

3. I agree to commit to attend the monthly forums and to notify my ISI Facilitator in advance if for any reason I am unable to attend. I understand that my failure to attend two consecutive forums, or exceed three forums in one year, may constitute cause for my membership to be suspended.

\_\_\_\_\_ Initial

4. I agree to plan to arrive and leave on time for each monthly forum so that all members enjoy the mutual benefit of serving and being held accountable to each other, personally and professionally, and therefore to come prepared appropriately to participate in each monthly ISI forum.

\_\_\_\_\_ Initial

5. I agree to hold all information given or discussed by another member during our ISI forums in strict confidence and that to breach this confidence will result in immediate cancellation of my membership privilege.

\_\_\_\_\_ Initial

I hereby submit this application to be considered as an ISI Member.

Signature \_\_\_\_\_

ISI Facilitator Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Return completed application to: **Gary Smith**  
**980 Lakes Parkway**  
**Lawrenceville, GA 30043**

# Iron Sharpening Iron (ISI) Payment Authorization

Monthly Fee Amount (check one):

- \$400.00 per month Investor Membership  
 \$200.00 per month Partner Membership  
 \$ 50.00 per month Starting Membership

I agree to automatic monthly credit card payments of the amount indicated above for twelve months.

Credit card Type (check one):

- VISA  
 MasterCard  
 AMEX

Credit Card Number \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Expiration Date (only month / year required) \_\_\_\_\_

Security Code \_\_\_\_\_

Credit Card Billing Address:

Street \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

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