

# Naples Area CIPS Council, Inc.



## Individual Membership Application

All information must be completed in Full (One per person). Please mail with your check to:  
**Naples Area CIPS Council Inc.**  
**PMB 3005. 1460 Golden Gate Parkway #103. Naples. FL. 34105.**

All fields in **Bold** print are required for membership. Thank you for your cooperation.

**Name:** \_\_\_\_\_

**Designations:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Profession:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Cell:** (\_\_\_\_) \_\_\_\_\_ **Home:** (\_\_\_\_) \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Category which best describes your company:**

Lending  Real Estate Sales  Escrow  Title  Insurance  Other \_\_\_\_\_

Languages spoken (Fluently only) \_\_\_\_\_

**\$49**  Cash or  Check *must* be included with application. **Membership valid through 12/09.**  
Made payable to: **Naples Area CIPS Council Inc.**

**Please indicate your Board of Realtor Membership** \_\_\_\_\_

How did you hear about us? Or, if a member recommended you to join, please write name below.

\_\_\_\_\_  
 If you would like to serve on available committees, please indicate by ticking the box.

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

By signing above, you are also agreeing to abide to the rules and regulations of the council as from time to time amended.

(Office use only) Check # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Membership # issued \_\_\_\_\_

For further information or questions, call 239.247.5850  
[www.NaplesInternational.org](http://www.NaplesInternational.org)