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Membership Application
MICHIGAN

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Date:
Applicant's Name:
Business Name:
Business Address:

City	*State*	*Zip*

Describe the product or service you'll be representing:

_____

_____

How did you learn about CaerusNet?

Members may occasionally receive communication relating to CaerusNet

Website Address:
Email Address:
Business Phone:
Cellular Phone:
Office Phone:
FAX Number:

CaerusNet Membership Guidelines

Upon acceptance to CaerusNet, I will abide by the following Guidelines of Membership and accept the following terms:

Initials:

_____ I will present a positive and supportive attitude with members and their referrals.
_____ I will follow up on referrals in a timely manner.
_____ I will be honest with other members and their referrals.
_____ I will provide goods or services at the prices originally quoted.
_____ I will operate my business according to the professional and ethical standards of my profession.
_____ I will be loyal to, and actively promote the businesses of, other members.
_____ I will arrive to meetings on time and stay for the entire meeting, unless excused.

TERMS

_____ **At-Will Relationship**: In consideration of my acceptance with CaerusNet, I understand that my membership is at-will and therefore can be terminated, with or without cause, at any time, without prior notice, at my option or CaerusNet's option. This at-will membership relationship will remain in effect throughout my association with CaerusNet unless it is specifically modified in an express written agreement executed by an authorized representative of CaerusNet and me. I understand that this at-will membership relationship may not be modified by any oral or implied agreement, and that no membership handbook, nor any course of conduct, practice, policy, award, promotion, performance evaluation, transfer, or length of service can modify this at-will relationship. I understand and agree that any monies paid to CaerusNet prior to termination will not be refunded.

_____ **Attendance Guideline**: Meeting attendance is critical to a successful membership in CaerusNet. If I arrive 5 minutes after the meeting start time, it will be treated as an absence. If I am physically unable to attend a meeting, I may send a substitute to represent my business in order to avoid an absence. If I leave before the scheduled meeting end time, it will be treated as an absence. II am absent more than 4 times within any quarter, my membership may be terminated.

_____ **Opportunity Guideline**: I understand that once I am proficiently trained and acclimated to the team, I am counted on to pass, at a minimum, one quality opportunity every week.

_____ **Limitations on Liability**: Notwithstanding any other provision of this agreement, any liability to you involving CaerusNet, its Franchise, and their officers, directors, agents, and representatives for any cause whatsoever, arising out of or relating to this Agreement and/or membership or participation in CaerusNet, and regardless of the form of the action, will at all times be limited to the amount of yearly dues paid by you for the membership in CaerusNet. Except in jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages.

_____ **Non-Compete**: I agree not to organize or be part of organizing a competing referral organization, during my membership, or within 2 years from the date of termination of my membership with CaerusNet.

_____ **Arbitration**: All disputes arising out of or relating to this Agreement or the member's participation in CaerusNet shall be resolved by binding arbitration according to the laws of the State where the Applicant's CaerusNet's chapter is located. Arbitration shall be subject to the rules of the American Arbitration Association. This clause encompasses any and all disputes involving CaerusNet, its Franchise, and their officers, directors, agents, and representatives.

I acknowledge that I have carefully ready this Agreement, that I understand its terms, and that I have entered into this agreement voluntarily. I further acknowledge that I have been given the opportunity to discuss this Agreement with my private legal counsel before signing it and have availed myself of that opportunity to the extend I wish to do so.

Signatures in agreement with the above:

_____ _____
Member's Signature Date CaerusNet Representative Signature Date

Qualifications

Experience in Field / Occupation (be specific): _____

_____

Educational background in Field / Occupation or degrees, licenses, or credentials to be in Field / Occupation:

_____

Business references: (Note: Your application will not be approved until your references have been verified.)

Name: _____Position_____

Business _____Phone 1_____Phone 2_____

Nature of relationship: _____

Name: _____Position_____

Business _____Phone 1_____Phone 2_ _____

Nature of relationship: _____