



# The Heritage Institute Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of key assistant or administrative staff	Email Address	Telephone Ext.
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## I am applying for:

\_\_\_\_\_ Member: \$30.00 per month (only complete page 1)

\_\_\_\_\_ THI Partner Member: \$500.00 initial fee plus \$77.00 per month. (\*Please complete pages 2-3 of this Application.)

**Please charge my (Circle One):**      Visa                      Mastercard                      American Express

The Heritage Institute is authorized to charge my card immediately for the amount due with the application, and to charge my card the remaining balance of my fees described in my election above. I understand that my card will be charged monthly for my Member or Partner membership fees until my membership is terminated or I provide 30-day written notice to The Heritage Institute to terminate my membership. Upon termination of my membership I understand I no longer have access to Knowledge Vault or the content saved in my personal KV library. The Heritage Institute may keep my card on file and use it for all the fees described above and other items which I order from The Heritage Institute or its affiliated entities.

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ SCV Code: \_\_\_\_\_

Card holder's name as it appears on the card: \_\_\_\_\_

Billing address: \_\_\_\_\_

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

**Please scan and email your completed application to  
[admin@theheritageinstitute.com](mailto:admin@theheritageinstitute.com) or fax it to 503-775-6553.**



Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Background: In the past five years, have you (circle one):**

Been the subject of any complaint or proceeding by any regulatory body or organizations Yes No

Been suspended, expelled, fined, barred, censured or otherwise disciplined or found to have violated any law or rule by any employer or regulatory body or organization? Yes No

Been refused a license or had a license suspended or revoked by any regulatory body or organization? Yes No

Had a bonding company deny, pay out or revoke a surety or fidelity bond for you? Yes No

Paid any sum, personally or through your employer to compromise or settle a complaint against you? Yes No

Been convicted of or plead *nolo contendere* to any felony or misdemeanor? Yes No

**If the answer to any of the preceding questions is *yes*, please type out and attach a detailed explanation.**

Years in Business: \_\_\_\_\_ Designations: \_\_\_\_\_

Other Qualifications: \_\_\_\_\_

Name of the THI Member(s) who recommends you: \_\_\_\_\_

Name of your Broker Dealer (if applicable): \_\_\_\_\_



Please list three **personal** references (Please Print Legibly):

<u>Name</u>	<u>Phone</u>	<u>State</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list three **professional** (Please Print Legibly):

<u>Name</u>	<u>Phone</u>	<u>State</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

*I understand that, if this application is accepted, this Membership shall be effective for a term of one year, and will renew automatically for additional one year terms unless it is terminated as described below. I understand that this membership may be terminated if, in the sole discretion of THI, I have failed to comply with any of the Membership qualifications, I have not maintained my practice in a manner consistent with The Heritage Process™ espoused by THI, I have violated THI's Code of Ethics, or I take any action that THI deems to be not in the best interest of THI or any of its Members. I understand and agree that said determination is subjective, and will be made by THI in its sole discretion. If this Heritage Design Professional™ Membership Application is accepted and THI agrees to renew this Membership each year, this Membership will be automatically renewed with no further action from me. If I desire to terminate this Membership at the end of any term, I agree to provide THI with notice of said termination not less than 30 days prior to the renewal date. The renewal fees shall be at the then applicable rates (which may be modified from time to time by THI).*

*I understand that The Heritage Institute videotapes academies and events. I hereby authorize The Heritage Institute to use my image and/or voice as it is so recorded on its web site or in any other media as it so chooses.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_