|  |  |
| --- | --- |
|  | Chapter Advertisement Application |

# SIOR (XX) Chapter

## Member Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | First | Last |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  |  |
|  | Street Address | Suite # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Email: |  | Number of advertisements applying for:  |  |

|  |  |  |
| --- | --- | --- |
| Have you advertised in a previous ad? | YES[ ]  | NO[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, please select the correct option: | [ ]  |  | Use my same photo and contact info. |
|  | [ ]  |  | Use the same photo and the NEW contact info I entered. |
|  | [ ]  |  | Use my same contact info from the last ad and I will submit a  |
|  |  |  | new photo before the deadline. |

## Payment Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Select payment type: | [ ]  |  | Check Enclosed. | [ ]  AMEX |
|  | [ ]  |  | Mastercard. | [ ]  PAYPAL |
|  | [ ]  |  | VISA  | [ ]  Other |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Card #: |  | Exp. Date : |  | CVV: |  |

|  |  |
| --- | --- |
| Billing Address (if different than above): |  |

## Disclaimer and Signature

I certify that (insert disclaimer information here)

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |