

Complete all of the fields below. Save to your computer and return Application to the Facilitator who invited you to become a Member.

ELECTRONIC SIGNATURE DISCLOSURE

The parties acknowledge and agree that this Membership Agreement may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

Membership Guidelines

Upon acceptance. I will abide by the following Guidelines of Membership and accept the following terms

	7		Upon acceptance, I will abloe by the following Guidelines of Membership and accept the following terms:	
Date:			Click each line to accept (a check mark will appear):	
Applicant's Name:			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.	
Business Name:			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.	
Primary Address:			TERMS At-Will Relationship: In consideration of my acceptance, 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 Facilitator's option. This at-will membership relationship will remain in effect throughout my association with Facilitator. I understand that	
City	State	Zip	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 Facilitator prior to termination will not be refunded and that the Meeting Facilitator is an independent contractor granted the use of the Caerusnet Referral Team Marketing System and is acting independently in their interpretation and use of the system.	
Describe the product or service	you would lii	ke to represent:	This is an initial one year financial commitment and after 12 months of Membership is paid, renews monthly.	
			Attendance Guideline: Meeting attendance is critical to a successful membership. 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 agree to check-in with the Facilitator prior to being absent. If I leave before the scheduled meeting end time, it will be treated as an absence. If am absent at more than 80% of the meetings in any quarter, I understand my membership may be terminated and/or my listing removed from the printed active Member Directory but will remain online found on the Michigan Sponsors & Friends of Caerusnet team.	
			Opportunity Guideline: I understand that I am counted on to pass, at a minimum, one quality opportunity every week at 80% of the meetings I attend.	
How did you learn about Caerusnet (who referred you)?			Limitations on Liability: Notwithstanding any other provision of this agreement, any liability to you involving Caerusnet, its officers, directors, agents, and representatives for any cause whatsoever, arising out of or relating to this Agreement and/or membership or participation and regardless of the form of the action, will at all times	
			be limited to the amount of yearly dues paid by you for membership. 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. You also give permission to use any photographs taken of you during your membership to be the exclusive right of Caerusnet and agree to their unconditional use in marketing, advertising or promoting without limits or compensation.	
Website Address:			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.	
Frank Address			Arbitration: All disputes arising out of or relating to this Agreement or the member's participation shall be resolved by binding arbitration according to the laws of the State where the Facilitator's team is located. Arbitration shall be subject to the rules of the American Arbitration Association. This clause encompasses any and all disputes involving Caerusnet Worldwide, LLC., its independent Facilitators, and their officers, directors, agents, and	
Email Address:				
Business Phone:			representatives.	
Cellular Phone:			I acknowledge that I have carefully read 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	
Office Phone: FAX Number:			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:	
Truction.				
			Member's Signature Date Caerusnet Representative Signature Date Caerusnet Representative Signature Date Caerusnet Facilitator of below exclusively for Membership fees.	
OPTION #1 / CHECKING DEB	INFO		CHECK PAYMENT ACCURACY BEFORE APPLICATION.	
		Account	Title:	
Routing/ABA #:		Checking Acount #:		
OPTION #2 / CREDIT CARD P	AYMENT			
Name of it appears on condi		Card #:		
name as it appears on card:			Card #:	
			Card #: de (on back of card):	
Expiration Date:	3 D	igit Security Co		
Expiration Date:	3 D	igit Security Co	de (on back of card):	