

# Rev Sales Network Membership Application Form

## CONTACT DETAILS

NAME OF APPLICANT: (Please use company name if applying for Corporate Membership):

\_\_\_\_\_ (“The Member”)

OCCUPATION/BUSINESS DESCRIPTION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSTAL ADDRESS FOR INVOICE: \_\_\_\_\_

### **CORPORATE MEMBERS ONLY**

ACCOUNTS CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ PURCHASE ORDER NUMBER: \_\_\_\_\_

## MEMBERSHIP DETAILS Please select membership type. Fees include GST.

- INDIVIDUAL MEMBERSHIP (\$240 per annum)    
  SINGLE CORPORATE MEMBERSHIP (\$240 per annum)    
  MULTIPLE CORPORATE MEMBERSHIP  
 Number of Staff To Be Covered By Membership: \_\_\_\_\_

2-5 Sales Staff - \$240/person  
 6-10 Sales Staff - \$216/person (save 10%)  
 11-20 Sales Staff - \$204/person (save 15%)  
 21-50 Sales Staff - \$192/person (save 20%)  
 51+ Sales Staff - \$180/person (save 25%)

**REFERENCES (Individual members only)** Please name two people who would be happy to act as references for you. No contact details required at this stage.

1 X PROFESSIONAL REFEREE: \_\_\_\_\_

1 X PERSONAL REFEREE: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THE RSN?

- RSN AFFILIATE MEMBER    
  RSN MEMBER    
  FRIEND/COLLEAGUE    
  OTHER \_\_\_\_\_

## PREFERRED PAYMENT METHOD

- DIRECT CREDIT    
  CHEQUE    
  CREDIT CARD    
  MONTHLY AP

## OFFICE USE ONLY:

## ACCEPTANCE

- I have read and agree to abide by the Rev Sales Network Terms & Conditions of Membership and to uphold the RSN Code of Professional Selling.

**Signed by Applicant**

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

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

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

**Signed by Sponsor (A Current Member)**

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

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

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

**Signed by Rev Sales Network**

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

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

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