



Affiliate Team Member Application Form

Applicant Legal Name
Preferred Name (if different from the above)
Contact number(s)
Mailing Address
Email
Date of Application
Referred by

Please tell us about yourself:

1.) I heard about IHHL Institute through:
2.) My reason for applying is:
3.) The skill set or profession I wish to promote and/or develop through IHHL is:
4.) I have been practicing this skill/profession for: (please indicate number of years)
5.) My ideal "pinnacle" or career situation would be:
6.) The key principles I live my life by are:
7.) When I ask those who know me best for 1 or 2 words that MOST remind them of me, they say:
8.) I would consider my investment in this membership well worth it if:

References: Please provide three references from your professional/employment contacts and/or contacts you have made through volunteer roles. Thank you.

Reference #1 – Specific to the field/profession you wish to build/develop through your IHHL Team Affiliation:

Name and Position:	
Company/Organization:	



Nature and duration of relationship:	
Contact Phone and <u>best time to contact</u> :	
Contact Email:	
Address:	

Reference #2 – Character and Past Performance Reference

:

Name and Position:	
Company/Organization:	
Nature and duration of relationship:	
Contact Phone and <u>best time to contact</u> :	
Contact Email:	
Address:	

Reference #3 – Character and Past Performance Reference

Name and Position:	
Company/Organization:	
Nature and duration of relationship:	
Contact Phone and <u>best time to contact</u> :	
Contact Email:	
Address:	

Office Use Only:

Date Received:	
Received via:	
Payment Received:	Yes No Other (explain) _____
Payment Method:	
Reviewed by:	
Review Date:	
Status:	
Renewal Date:	