



Individual Member Application Form

Applicant Legal Name
Preferred Name (if different from the above)
Date of Birth
Contact number(s)
Mailing Address
Email
Date of Application
I heard about IHHL Institute through:

Your honest responses to the following questions will help us to assign you to an action learning group that is the best fit possible for your personality and needs. All responses will remain completely confidential and returned to you at your request.

1.) My reason for applying is:
2.) The IHHL services that most interest me are:
3.) What I hope to get from my IHHL Membership is:
4.) I would consider the membership worth my investment if:
5.) I learn best when:
6.) Things for IHHL to keep in mind about me when assigning me at an action learning group are:
7.) When I ask those who know me best to choose 1 or 2 words that MOST remind them of me, they say:



References: As a part of this application, please provide two references you have know for at least two years that we may speak with. Thank you.

Reference #1

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

Reference #2

:

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:	