



EMERALD GUILD SOCIETY

Application for Membership

Date: _____

Applicant's Name: _____

Home Address: _____

Work Address: _____

Home Tel.: _____

Work Tel.: _____

Home Email: _____

Work Email: _____

Management Company: _____

Address: _____

Property Manager Name: _____

Previous Experience within Industry: (if applicable)

From: _____ **To:** _____ **Address:** _____

From: _____ **To:** _____ **Address:** _____

Other Club or Association Membership: (if applicable)

Sponsored By: _____

Sponsor's Tel.: _____

Sponsored By: _____

Sponsor's Tel.: _____

Applicant's Signature: _____

APPLICANT MUST ATTEND THREE (3) MEETINGS BEFORE HE/SHE IS SWORN IN
THIS SIGNED APPLICATION ACCOMPANIED BY \$50.00 NON-REFUNDABLE APPLICATION FEE
MUST BE SENT DIRECTLY TO MR. ROBERT KNOX THE REGISTRAR.

Make all checks and money orders payable to the Emerald Guild Society
Mail to Emerald Guild Society, Attn. Robert Knox P.O. Box 370 New York, NY 10150