IPSB MEMBERSHIP- SPONSORSHIP FORM

APPLICANT'S FULL NAME:

SPONSOR'S FULL NAME:

SPONSOR'S EMAIL (associated with IPSB membership):

SPONSOR'S PRIMARY PHONE:

HOW LONG HAVE YOU KNOWN THE APPLICANT? Under 2 Years

SPONSOR ATTESTATION OF APPLICANT

1. I HAVE DISCUSSED WITH THE APPLICANT THE IMPORTANCE AND NEED TO ABIDE BY IPSB'S CODE OF CONDUCT AND APPLICANT AGREES

   Yes

2. TO THE BEST OF MY KNOWLEDGE, THERE IS NOTHING IN APPLICANT'S PROFESSIONAL OR PERSONAL HISTORY THAT IS CAUSE FOR CONCERN

   No Concerns

3. PLEASE SHARE YOUR HISTORY WITH OR CONNECTION TO THE APPLICANT:

SPONSOR'S SIGNATURE

By typing my full name above, I certify that I am the sponsor named on this form and that the information provided is accurate.