

# 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?

## 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
2. TO THE BEST OF MY KNOWLEDGE, THERE IS NOTHING IN APPLICANT'S PROFESSIONAL OR PERSONAL HISTORY THAT IS CAUSE FOR CONCERN
3. PLEASE LIST ANY ADDITIONAL COMMENTS YOU WANT US TO KNOW ABOUT 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.*