



***TiPS Program Providers Application & Enrollment Form***  
***“TiPS Program Membership”***

**Optional Information**

**Target Market / Ideal Client or Customer Profile:** (Who Should We Refer to You?)

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**Professional Qualifications:**

(Training, Education, Background, Licenses, Designations, Awards, Accolades, Etc.)

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**Primary Geographical Area You Service:**

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**Important Information We Should Know or That Should Be Considered:**

(Attach Additional Information - If Needed)

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**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All information collected on this application & enrollment form is strictly confidential. Absolutely no information gathered here will be released or shared with the public without the expressed consent of the applicant.

***TRUSTED PROFESSIONAL SERVICE PROVIDER PROGRAM***  
***A Professional Referral Service for Preferred Clients & Trusted Professionals***  
***Integrity Commitment Fairness Credibility Opportunity***

Internal use only:

**TiPS Program Chapter Leader - Signature of Recommendation:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

Submit Completed Application & Enrollment Form To:  
TiPS Network Administrative Headquarters  
Attn: Application Review Board  
4275 Highborne Drive NE., Marietta, GA 30066  
(770) 330-8043