

Information from an Individual Wanting To Become a Member of GM2

Your Primary Information

First Name: _____
Middle Initial: _____
Last Name: _____
Social Security #: _____
Date of Birth: _____
Drivers License #: _____ Drivers License ST: _____
Physical Address: _____
Physical City: _____
Physical State: _____
Physical Zip: _____

Your Mailing Address Where All Paperwork Will Always Be Sent To You

Mailing Address: _____
Mailing City: _____
Mailing State: _____
Mailing Zip: _____

Your Direct Contact Information

Phone #: _____
Mobile #: _____
Email Address: _____

Direct Deposit Information required for Primary Payments and optional for Tax Savings

	Primary Direct Deposit Acct	(Optional) Tax Savings Acct
Bank Name:	_____	_____
Please Confirm w/Bank ABA Routing #:	_____	_____
Account #:	_____	_____
Account Type (Checking or Savings):	_____	_____
Is This A Joint Account (Yes / No):	_____	_____
Joint Account Holders Name (If Any):	_____	_____

Name Of Your Clients/Brokers You Will Be Billing Under GM2 / You Must Have At Least One (1) to Join

1st Client / Broker Name You Will Be Billing: _____
2nd Client / Broker Name You Will Be Billing (If Any): _____
3rd Client / Broker Name You Will Be Billing (If Any): _____

Please Indicate The LLC's You Wish To Join (If You Do Both Activities You Must Join Both GM1 and GM2)

I wish to join **GM2** because I will perform **Telephone** Audits/Surveys: YES _____ NO _____
I wish to join **GM2** because I will perform **Physical** Audits: YES _____ NO _____
I wish to join **GM2** because I will perform **Physical** Inspections/Surveys: YES _____ NO _____

You can Email this information to: **Jennifer@JoinGM2.com**

You can Fax this information to: **(512) 853-3700**