



Membership Application

Company Information

Name/Title: _____
Company Name _____
Address _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

Types of Membership:

- Corporate: \$2000** – Firms engaged in the ownership and/or executive management and operation of commercial or residential real estate. *May designate 4 individuals.*
- Professional: \$3000** – Firms that provide special goods and/or services to the real estate industry. May designate 4 individuals.
- Advocate Members: \$150** – Individuals associated with the real estate industry who's company is not a member.
- Friends of The Torch: \$100** – Individuals that desire to support the children and organizations helped by The Torch Foundation, but are not associated with the real estate industry.
- Student/Volunteer: \$25 or 20 volunteer hours/year** – Individuals actively enrolled in school with an interest in helping children.

Benefits of membership for Corporate, Professional, & Advocate categories:

- Invited to attend Member Only social/educational events (*Advocate members may not bring guests to events*)
- Offered priority seating for all open events – Golf Tournament/Monte Carlo Night
- Discounted fees to open events – Member and non-member prices
- Discounted fees for advertising/sponsorship opportunities (*Advocate members may not advertise or sponsor*)
- Receive newsletters
- Opportunity to recommend children's charity/families who need help
- Ability to nominate future professional of the year
- Ability to participate on committees
- Right to vote at membership meetings and hold office.

Please complete reverse side of application

*The Torch Foundation, 11 Penn Plaza, Suite 1000, New York, NY 10001
Telephone (212) 594-6109*

For Corporate or Professional Membership list up to 3 additional members:

Name/Title: _____
Address _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

Name/Title: _____
Address _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

Name/Title: _____
Address _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

Amount of membership \$ _____

Paid by (circle one) Check American Express

American Express number: _____ Expiration Date: _____

Signature: _____

Please make check payable to: The Torch Foundation

*As members, we contribute to children whose lives we can make better, if only for a short time;
improving the quality of life for those that our hands are able to touch and asking that if not for us,
would other hands make the same reach, perhaps not, and that is why we continue to strive.*

*We dedicate our time and effort to children.
Their lives we hope to make better.
Their health we hope to make stronger.
Their future we hope to make brighter.*

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