



Leads Group Application

We welcome you in the spirit of good will and look forward to a mutual exchange of leads with you!

Group: Monday_____Tuesday_____Wednesday____Thursday_____Friday_____

Name:_____Title:_____

Business Name:_____

Business Address:_____

Business Phone:_____Business Fax: _____

Cell Phone:_____Email Address:_____

Category:

1st Priority_____

2nd Priority_____

3rd Priority_____

Describe your business or occupation (tell us about your products/services):_____

Please initial each of the following statements to indicate that you understand their importance:

I understand that attendance and punctuality are extremely important. If I cannot attend, I will notify the moderator or statistician. _____

I understand that I can be dropped from the group if I miss four meetings in a row or four meetings in a quarter. _____

I understand that the main purpose of the Leads Groups is the mutual exchange of qualified leads and that I must meet the required minimums to maintain my membership in the group. _____

I have read and agreed to the terms outlined in the Leads Group Guidelines. _____

I have read and understand the items above and accept their conditions.

Applicant Signature:_____Date:_____