



Leads Group Program Application

Group: Monday___ Wednesday___ Thursday ___ Thursday B2B___ Friday___

Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ **Business Cell:** _____

Business Email: _____ **Fax:** _____

Categories:

1. \$80 Annually: _____
2. \$165 Annually: _____
3. \$255 Annually: _____

Describe your business, or tell us about your services:

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

- ___ 1) I have read and understand the terms outlined in the Leads Group Guidelines.
- ___ 2) I understand that attendance and punctuality are extremely important. If I cannot attend I will notify the Moderator or Statistician.
- ___ 3) I understand that missing 4 meetings a quarter or four consecutive weeks will result in probation.
- ___ 4) 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.
- ___ 5) I understand that relationships take time to build. I will treat the members of my group like I treat my best clients so that we can become good referral partners for each other.
- ___ 6) I have read and understand the above items and I accept their conditions.

Applicant signature: _____ Date: _____

Please complete and remit with payment.

Enrollment is \$80 Annually for one category, \$175 for two, \$250 for three. All enrollment fees are non-refundable.

_____ **Yes**, I would like to enroll using my credit or debit card (information below).

_____ **Yes**, I would like to enroll paying with the enclosed check # _____.

_____ **Yes**, I understand that **Leads Groups are Non-refundable**, invoiced ANNUALLY, and MUST be paid WITHIN 30 DAYS or you WILL be DROPPED from the group.

_____ Bill to my Visa / MasterCard / Discover / American Express Credit Card (**Please Circle**)

Fill out the information below for Credit Card payments.

Company Name _____

Cell Phone _____

Amount \$ _____

Name on card _____

Authorized Signature _____

Account #(16 digits) _____ - _____ - _____ - _____

Exp. Date _____

Security Code (3 digits-found on the back of the card) ___ ___ ___

Broomfield Chamber
2095 W 6th Ave. Suite 109
Broomfield, CO 80020
303.466.1775 F:303.466.4481