



Leads Group Application

Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Cell: _____

Business Email: _____

Desired Leads Group: _____

Describe your business, or tell us about your services:

Please initial each of the following statements to indicate you understand and agree to them.

- ___ 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 could result in dismissal.
- ___ 4) I understand the 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.
- ___ 5) I understand that Leads Groups fees are non-refundable and must be paid annually in January.
- ___ 6) New members will have their fees prorated.

Applicant Signature: _____ Date: _____

Recurring payment information:

Amount Due: \$80 annually

Name on card: _____

Card number: _____ Expiration date: _____ Security code: _____

Billing Address: _____

Authorized Signature: _____