



## Leads Group Membership Application

I hereby agree to comply with the Leads Group Guidelines and Best Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Classification:  
\_\_\_\_\_

*(Business Classification will cover a minimum of 80% of your firm's services or product line.)*

**(Applications will be reviewed with Leads Group officers and voted upon by group members.)**

**Upon approval from the Leads Group, a member firm will be assessed an annual fee of \$75.00 for meeting expenses. (Fiscal Year applies – July 1 through June 30.)**

**Fax this Application to the Chamber: 912-754-1236.**