



Leads Group
MEMBERSHIP
APPLICATION

Please fill out this application completely. Submit it, including the bio about yourself and your business, as well as two qualified professional references. Payment will be processed upon acceptance. For more detailed information, refer to the bylaws you received with this application.

Date: _____

Last Name: _____ First Name: _____

Title: _____ Birthday (Month/Day): _____

Business Name: _____

Business Address: _____

City: _____ ZIP: _____

Business Phone: _____ Fax: _____

Mobile: _____ Email: _____

Website: _____

Referred by: _____

Business Category: _____

Annual Investment is \$120.00 per group*
1st year will be prorated based on starting date**

Payment Method: _____ Bill Me _____ Credit Card (AMEX, Discover, MC, VISA)

Credit Card: _____ Exp _____/_____

Name on Card: _____

*If your company is planning to attend more than one group you will be charged for each additional group

** The annual membership is from March 1- February 28. First year investment will be prorated based on member's start date.



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Personal/Business Biography (100 words or less):

References (*TWO required*):

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

By submitting this application, I acknowledge that I have received and agree to adhere to the by-laws of the Leads group. Fax Completed Application to: 610.376.4135 or email to: leads@greaterreadingchamber.org.

Do Not Write Below This Line - Chamber Use Only

Date Appl. out: _____ Date submitted: _____

Committee Meeting Date: _____

Bio?: _____ References?: _____ Ratified?: _____

Notes: _____