

Membership Application

Friday 8:00 AM - 9:15 AM Membership Fee: \$240/Year

Applicant's Name:		
Business Name:		
Business Address:		
Phone:	Cell Phone:	
Web Site Address:		
Describe Your Business:		
Membership Committee for review member of their status prior to the applicants will be placed on a wai	w. The Membership Committee w e next meeting. The maximum nu iting list from which a new membe	ey may then complete an application and submit it to the ill complete the screening process and inform the prospective umber of members in the The Leading Edge is 25. Approved er will be chosen based on the current needs of the group, not nsidered viable substitutes when current members are not
Please Answer the Following	Questions:	
1. If your business has more that	an one area of concentration, w	hat are they and which one will you be representing at the
Leading Edge?		
2. What experience do you have	e in your field?	
minutes, and are you willing to a	abide by the Rules of The Leadi	t our weekly meetings on time and stay throughout the 90 ng Edge?alified referrals or visitors?
5. Do you belong to any organiz	red groups referral or otherwise	e, where exclusivity is practiced? (Only one member for
Business References:		
Name of Business and contact:		Phone:
Name of Business and contact:		Phone:
to, or current members su	ibsequently join, any othe ry is allowed. Failure to di	p in The Leading Edge may already belong r referral or leads group where only one sclose any such membership may lead to
THE ANNUAL MEMBERSHIP FE	E IS PAID IN ADVANCE AND IS	NON REFUNDABLE.
Your Signature		Date
For Office Use Only: Comments:	·	Amount of Dues Paid