## **Leads Group Application**



Company Information

Name:	Company Name:			Date:
Address:				
City/State/Zip				
Company Phone:		Cell:		
Company Website:				
Business Category (Main):				
Business Category (Alternates):				
Email:	Social Media Links:			
Questionnaire				
Briefly tell us about your business	:			
What do you hope to gain by joining	ng this group?			
What types of businesses typicall	y generate referrals for you?			
Who is a good referral partner for	you?			
What types of businesses do you	provide referrals for?			
Do you belong to other lead generation groups or networking organizations? (If yes, which ones?)				
Commitment				
Can you commit to attending a Le	eads Group twice a month?	Yes	☐ No	
Can you commit to two 30 minute	e one-on-one meetings per month?	Yes	☐ No	☐ Monday ☐ Tuesday
Are you a member of the Palos Ve		Yes	No	<ul><li>☐ Wednesday</li><li>☐ Thursday</li><li>☐ First available</li></ul>

Applications will be reviewed by the leadership team and you will be given notification within (1) week regarding acceptance into the group.

Once accepted:

- 1. Attend (3) out of (4) consecutive Leads Group meetings. The first visit may be counted as the first attended meeting.
- 2. Attend Leads Group training (1) time.
- 3. Read and sign the Leads Group Guidelines and return to the  $\operatorname{VP}$  of Membership Chair.
- 4. Once the new Leads Group member has completed the required tasks they will be added to the roster and eligible to sign up for a presentation.

<sup>\*</sup>Prospective members must first become a Chamber Member BEFORE the process begins.