

COLUMBIA SALES EXCHANGE MEMBERSHIP APPLICATION

Applicant's Name	_____	Business Phone	_____
Company	_____	Cell Phone	_____
Address	_____	Fax	_____
City, State Zip	_____	Email	_____
Nature of Business	_____	Website	_____
Years in Industry	_____	DOB (Month/Day)	_____
Referring Member	_____		

Describe exactly what products and services you sell:

List two business references, contact person, and telephone number:

List any organizations to which you are a member:

I authorize investigation of all statements contained in this application. And I understand that any misrepresentation or omission of facts called for is just cause for non-approval or dismissal by the Columbia Sales Exchange. I do not belong to, attend, or participate in any way in another leads group or tips club. I understand that this application must be approved by the membership as well as the Board of Directors and my dues must be paid before I am officially a member. All dues and application fee are non-refundable. By signing this application, I agree to abide by the rules and by-laws of the Columbia Sales Exchange and not hold the exchange or any of its' members liable in any way.

Applicant _____
Date _____

Application must be emailed to Bill Beckwith billb1billb2@gmail.com

For Board Use Only:

Application Completed:
Business References Checked:
Voted on by Board of Directors:
Welcome Email Sent Out:
Application Fee and Dues Received:
Membership Package Issued:
Added to CSE Website:
Filed by Vice President:

