



Chesapeake Leads

Chesapeake Leads Membership Application

I am available to volunteer to assist in the activity of _____

PERSONAL

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Birth Month/Day _____

EMPLOYMENT

Agency/Employer _____

Retired _____

Work Phone _____ Home/Cell Phone _____

Affiliations: civic league, church, organization, etc. _____

Affiliations Delegate: _____

By my written signature to this application, I agree to support and promote the objectives of Chesapeake Leads. I also understand that my membership may be suspended if I am found to have violated the rules and bylaws of Chesapeake Leads. Such actions include defaming a member, the membership, the organization and its goals.

Signature _____ Date _____

Note this information is confidential and will be used only by and for the purpose of Chesapeake Leads

Annual Dues - \$50.00

(Checks made payable to: Chesapeake Leads Incorporated)

Post Office Box 2493, Chesapeake VA 23327