

# The S|A|L|E|S Group

## Please complete the following information:

Basic Information:				
Company Name				
Applicant Name				
Address				
Phone	Email			
	Business Heading Type: Plumbing, Attorney, Etc. siness: (Products / Services)			
	belong to any other leads exchange groups? Yes / No			
If Yes, which one?				
Who is your Sponsor for	the SALES Group?			

Your Business is a:	☐ Corporation	☐ Partnership	☐ Sole Proprietor
Year Established:		Number of En	mployees
What type of contacts would be an asset for			nmunity that you feel
What size of compani How do you currently			keting efforts toward?
OFFICE USE ONLY: Notes		Date Received:  Accepted: (If ye	

**About Your Business:** 

## The SALES Group

### Terms of Membership

As a member of The SALES Group, I agree that neither I nor my alternate willhold membership in another organization which has a primary objective of exchanging business leads and information.

All of my dealings with other members will be in a professional and ethical manner. I will protect all information provided to me through The SALES Group as confidential, for my company use only (i.e. general leads lists).

My company representative will make a diligent effort to attend every meeting and provide business leads, mutual business and accepted other responsibilities within the association.

I understand that The SALES Group is not a Service Club. It is an organization whose sole purpose is the exchange of useful business information, leads generation and transactions, and are obligated to help my fellow members in these matters at all times.

New Membership Initiation Fee: \$50.00 (one time fee)
Quarterly Membership Dues: \$125.00 (payable on the 1st day of each calender quarter)

#### Please Complete The Following:

Please Print: Name & Title of Signing Authority		
Signature / Date		
Company Name		
Representative's Name		