

**MEMBERSHIP
 APPLICATION**

If you have any questions call
 your sponsor or:

Please complete and return both copies to the Membership Chairperson.

APPLICANT'S NAME:		
BUSINESS NAME:		
BUSINESS ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	FAX:	E-MAIL:
HOME ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:		
ALTERNATIVE REPRESENTATIVE:		
MEMBER SPONSOR:		
PLEASE LIST TWO BUSINESS REFERENCES WHO ARE FAMILIAR WITH YOUR WORK, SERVICE, PRODUCT:		
NAME:		TELEPHONE:
BUSINESS:		
NAME:		TELEPHONE:
BUSINESS:		

Member Commitment: I will:

1. Provide at least one inside and one outside lead per month.
2. Belong to only one networking organization.
3. Have a fellow member provide for my business needs as often as possible.
4. Attend meetings weekly or send an alternate.
5. Recruit at least 2 new members.
6. Report any breach of ethics to the ethics committee.
7. Conform to the by-laws of the group.

The membership process includes a five minute presentation to the group of your background, business products/services and experience. The group will ask questions about what constitutes good leads for you and the nature of leads that you may be able to provide to others. All memberships are voted on by the group and only prospective members who are approved may join. Membership may be terminated for failure to attend regularly or failure to provided leads. Membership in another networking organization of any name is prohibited during membership in the Hudson Valley Lead Exchange. Any questions regarding conflicts should be brought to the Board at the time of application.

Date: _____ Signature: _____

Presentation/Interview Date: _____ Membership Vote Date: _____ Approved Declined

Notes: _____