

The Idea Exchange

The Leads Network Application for Membership

Date _____

Applicant's Name: _____

Position: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Website Address: _____

Proposed Classification: _____

Detailed description of business: _____

Sponsor: _____

Number of years in business: _____ Number of employees: _____

Annual Sales Volume Under \$100,000 \$100,000-\$500,000

\$500,000-\$1,000,000 \$1-5 Million \$5 Million +

I fully realize that by signing this application for membership that I intend to fulfill the obligations of membership and will attend meetings regularly. I agree that I am liable for any and all fees generated by my membership until the date of the firm's written resignation.

Signature _____ Title _____

Dues Structure: Cost of Idea Exchange Membership is \$89.00 per year __

Quarterly meeting fees \$150.00. You must be an Idea Exchange Member.

Amount authorized \$ _____

We accept: Check, Visa, MasterCard, American Express, and Discover.

Account # _____ Expiration _____

Signature X _____

There will be a charge of \$25 for any check returned for non-sufficient funds (NSF). All membership fees are non-refundable without exception.