



Founded 1978

International Headquarters  
P.O. Box 279, Carlsbad, CA 92018-0279  
(800) 793-3761 - (760) 434-3761  
email: leadsclub@leadsclub.com

**MEMBER APPLICATION**

**I AGREE TO ADHERE TO THE FOLLOWING:**

1. Actively participate in promotionals, two 30 second promotionals weekly and a minimum of five 10 minute promotionals during any 12 month period. Provide sufficient number of business cards for the other members and the chapter business card file. Use my best efforts to generate leads and referrals for the other members. Adhere to all policies in the Member Handbook.
2. Attendance Policy: **No more than 12 absences in a 12 month period.**
3. Forfeiture of membership: Violations of attendance policy; delinquency occurs at end of second meeting of the month); Representing or promoting anything other than the business listed on Member Application during weekly programs; Unethical business practices.
4. Application is not complete unless International Headquarters approves and accepts application. LEADS CLUB reserves the right to revoke this agreement at any time member's actions are deemed detrimental to the chapter's ability to exchange and generate quality leads and referrals, or adversely affect the dynamics of the chapter's ability to function within the system.
5. All fees are non-refundable. Membership is not transferable.

I have read, understand and agree to the above and submit this application for a listing with this chapter.

WOMEN'S     MEN'S     CO-ED

Chapter Director Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Approving application and references checked)

Current Member in Related Field Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Approving Business Description Below)

Sponsoring Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out this questionnaire. This information will be kept confidential between chapter management team and office. Thank you.

Is your business a:     Sole proprietorship     Partnership

Corporation                                    Non-Profit Corporation

Your position with this business:     Owner     Partner     Officer

Independent Distributor     Manufacturer     Sales

Do you work your business full time?     Yes     No

Length of time in this business: \_\_\_\_\_

Does your business require: (Check those you presently possess)

Licensing (give registration number): \_\_\_\_\_

Certification (give title): \_\_\_\_\_

Accreditation (give title): \_\_\_\_\_

State or other business license (give title): \_\_\_\_\_

Continuing education (state frequency and cost): \_\_\_\_\_

Other (give title and company name): \_\_\_\_\_

Other (give title): \_\_\_\_\_

What other businesses are you presently connected? \_\_\_\_\_

Signature \_\_\_\_\_ Mo / Day / Year \_\_\_\_\_  
----- PLEASE PRINT CLEARLY -----

Business Category \_\_\_\_\_ Chapter Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Area code \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address     Home     Business    Birthday: Month/Day \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

PLEASE PRINT NAME OF YOUR BUSINESS/SERVICE.

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

REFERENCES: Please give names and phone numbers of clients/business associates we may contact.

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_