



Leads Group Application

Name: _____ Date: _____

Company/Organization: _____

Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone: () _____

Email: _____

Website: _____

ONE specific industry category you'd like to represent: _____

Other industry categories: _____

Have you participated in a leads/referral group before anywhere?

Leads Group interested in participating:

___ **Group 1:** 1st & 3rd Thursday, 11:30–12:30 pm, Chamber building

___ **Group 4:** 2nd & 4th Tuesday, 12:00-1:00 pm, Chamber building

Signature

Date

For office use only

___ Group# assigned & Date _____

___ Payment rcvd date _____

___ CCA group _____

Staff signature _____

This application does not confirm immediate participation in a group.

ONE person will represent a given industry/category in each group.

ONE visit per group is allowed if your chosen industry/category is available.

Return applications to:

David Dyer, Membership Director, ddyer@opchamber.org