



## 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:** 1<sup>st</sup> & 3<sup>rd</sup> Thursday, 11:30–12:30 pm, Chamber building
- \_\_\_ **Group 2:** 1<sup>st</sup> & 3<sup>rd</sup> Tuesday, 8:00-9:00 am, Chamber building (*not currently meeting*)
- \_\_\_ **Group 3:** 2<sup>nd</sup> & 4<sup>th</sup> Monday, 11:30-12:30 pm, Chamber building (*not currently meeting*)
- \_\_\_ **Group 4:** 2<sup>nd</sup> & 4<sup>th</sup> 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: Stacey Cowan, Membership Director**

[scowan@opchamber.org](mailto:scowan@opchamber.org) OR Fax: 913-491-0393

9001 West 110th Street • Suite 150  
Overland Park, KS 66210  
913.491.3600 • [www.opchamber.org](http://www.opchamber.org)

