



## 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

<p><b>For office use only</b></p> <p>___ Group# assigned &amp; Date _____</p> <p>___ Payment rcvd date _____</p> <p>___ CCA group _____</p> <p>Staff signature _____</p>
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\_\_\_\_\_

*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:**

**Alex Cook, Member Services Coordinator** [acook@opchamber.org](mailto:acook@opchamber.org)