



## 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

<b>For office use only</b>
___ 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:**

**Katelyn Gravley, Member Services Coordinator**

[kgravley@opchamber.org](mailto:kgravley@opchamber.org)