



## Application to join an Affton Chamber of Commerce Leads Group

Name: \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_

Industry or Profession Represented \_\_\_\_\_

Describe your business or occupation and tell us about your products/services:

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### Please note your preferred group

**AM Leads Group**

TIME: 8-9 a.m.

DATE: 1<sup>st</sup> & 3<sup>rd</sup> Tuesday of each month

**PM Leads Group**

TIME: 12-1 p.m.

DATE: 1<sup>st</sup> & 3<sup>rd</sup> Tuesday of each month

Meeting Location: Conference Room, Chamber Office, 10203 Gravois Rd.

Organizational meeting will be January 5, 2010. Dues must be **current** at that time and the annual Leads Group fee must be paid before Jan. 19, 2010.

***I have read and agree to the terms outlined in the Leads Group Policies & Guidelines.***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax your completed application to the Affton Chamber Office at:  
10203 Gravois Rd., Affton, MO 63123  
Fax: 314-849-6399

***You will be contacted upon receipt of application to confirm your inclusion. First Come, First Served.***