## LEESBURG CHAMBER OF COMMERCE

## "MORNING MASTERMINDS LEADS GROUP"

## Application

Morning Mastermind Leads Group allows only one representative from each trade or profession; this to avoid any kind of competition between MMLG members.

You MUST be Leesburg Chamber member to join. Please review the <u>MMLG Mgmbgr</u> <u>Diractory</u> on chamber website to see if anyone else represents your type of business. If not, make sure you have attended two (2) MMLG meetings and then go ahead and either give this application to the Membership Chairperson at a weekly meeting or submit it online. Be sure to include check made payable to Leesburg Chamber of Commerce or your charge card information. The Membership reviews all applications and will notify you within ten (10) day with a decision. You may also submit your resume if you choose. (Resume is in <u>addition</u> to the below bio)

It is required of all prospect members to download a copy of our <u>Operating Guidelines</u>. Read the document and present a signed copy when submitting your application.

Membership fees are \$60.00 annually and are to be paid in full with application.

## PLEASE PRINT NEATLY

Name:
Company:
Trade or Profession:
Mailing Address:
Business Phone:
°ax:
Email Address:
Vebsite:
Who or what referred you to MMLG?

Have you participated in a Leads group in the past? Are you a member of another Leads group now? If so, who? What do expect to contribute to the group? What do you expect to receive from the group? Are you willing to commit to attending a minimum of 75% of the regular weekly meetings on a regular basis? Are you willing to commit to doing one-on-one meetings with members on a regular basis to learn more about how you can help their business grow and to let them know what type of referrals or strategic partners would benefit you? You may represent only one business. Please provide a brief bio of yourself and your product or service. Be specific on how your business can benefit other MMLG members? Signed: Date: For official use only: Check No./Charge Card No.\_\_\_\_\_ ExDate:\_\_\_\_\_ Amount: \$\_\_\_\_\_