

THE CHAMBER OF SOUTHERN SARATOGA COUNTY



Leads / Referral Group Application

Name					
Company					
Job Title					
Your Alternate					
Address					
Work #		FAX #		E-Mail	

Briefly Tell Us About Your Business (Please be specific about products and services).

Who/What is a Good Referral for You?

What Do You Hope to Gain by Joining a Leads/Referral Group and What Do You Think You Can Contribute to This Group?

What Types of Businesses Can Generate Referrals to You and To What Types of Businesses Can You Generate Referrals?

PLEASE DO NOT WRITE BELOW THIS LINE (for Chamber use only)

Date Received: _____ **Reviewed on:** _____ **By:** _____
Approved for membership on: _____ **By:** _____
Approved for waiting list on: _____ **By:** _____