



The Leaders Club
Of the
Inland Empire

www.theleadersclub.net
Member Application

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE NUMBERS:

BUSINESS: _____

HOME: _____

CELL: _____

FAX: _____

E-MAIL: _____

WEB SITE: _____

BUSINESS CATEGORY: _____

BIRTHDAY: _____ RECOMMENDED BY: _____

In order to maintain a professional networking organization, we need to obtain the commitment and dedication from all of our members with awareness of our club procedures and policies as they are related to weekly attendance requirements, monthly dues and financial responsibilities, leaves of absences, and protection of our business categories.

The value of The Leaders Club membership will include a one time name badge, a business card book and your information on The Leaders Club web site in addition to the invaluable word of mouth advertising from its members!

APPROVED DATE: _____

REGISTRATION PAID BY: CHECK CASH AMOUNT: \$ _____

DATE: _____