



LEADSHARE MEMBER APPLICATION

Send completed application to any of the Leadshare Officers
or email to Questions? Call 540-347-4414

Date _____

Name of Applicant _____

Name of Business _____

Address _____ City _____ State _____ Zip _____

Business Phone () _____ Mobile Phone () _____ Email _____

Number of years in business _____

Primary category of business: _____

If your application is being submitted based on a referral, please provide the following information:

Business Reference Name _____

Business Relationship _____

Select preferred group:
 Tuesday Wednesday Thursday

Annual Dues: \$75.00
 New member dues maybe be prorated at a rate of \$6.25 per month
 Fees are non-refundable unless application is denied. We accept cash
 or check (payable to Fauquier Leadshare Group).

Application Process:

1. You may attend meetings twice as a guest, then you are required to submit an application with fees if you wish to continue attending.
2. You will be notified no later than by the next meeting of acceptance or denial.

DISCLAIMER: The following is a written understanding of the agreement between the applicant and the Leadshare group and does not include any legally enforceable promises.

Whereas Chamber Lead Share groups exist as independent organizations with finances independent of Fauquier Chamber of Commerce oversight.

Whereas the Fauquier Chamber of Commerce seeks to facilitate the independent operation of Lead Share groups.

Resolved that Lead Share groups follow standard Fauquier Chamber of Commerce financial procedures and disclose to their members that Lead Share groups exist independent of the Fauquier Chamber of Commerce.

By signing you acknowledge understanding of the disclaimer above and also agree to abide by the Lead share Code of Ethics.

Your signature: _____

Membership Committee Only: Approved _____ Date Notified _____
 Declined _____ Reason _____