



Membership Application

Please type or print clearly. By joining LEAD, you agree to adhere to the LEAD Code of Ethics and Terms shown on the back of this application.

Date ____/____/____ Chapter _____

(PLEASE FILL OUT OTHER SIDE AS WELL)

PREFIX (MR. MRS. MS. DR.) FIRST NAME (Maximum of 20 letters) _____

MI _____ LAST NAME (Maximum of 20 letters) _____ SUFFIX _____

PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR MEMBERSHIP CERTIFICATE:

JOB TITLE _____

COMPANY/ORGANIZATION _____

WEB SITE ADDRESS (URL): _____

Business Address:

STREET ADDRESS (LINE 1) _____

STREET ADDRESS (LINE 2) _____

CITY/STATE/ZIP _____

Mailing Address: (If different from above)

ADDRESS (LINE 1) _____

ADDRESS (LINE 2) _____

CITY/STATE/ZIP _____

Contact Information:

PRIMARY E-MAIL _____ SECONDARY E-MAIL _____

BUSINESS PHONE (WITH AREA CODE AND EXT) _____

FAX (WITH AREA CODE) _____ TOLL-FREE PHONE _____

HOME PHONE (WITH AREA CODE) _____ MOBILE PHONE (WITH AREA CODE) _____

By supplying the fax information, you consent to being contacted by LEAD at the phone and fax numbers provided.

What is your preferred mailing address? Business Mailing - What is your preferred renewal billing address? Business Mailing

L.E.A.D. CODE OF ETHICS:

Upon acceptance to L.E.A.D., I hereby agree to abide by the following L.E.A.D. Code of Ethics during my tenure as a member of the L.E.A.D. organization:

1. I will build trust and goodwill among fellow members and their referrals.
2. I will provide, through my company, quality products and services at the prices I have quoted.
3. I will exhibit a positive, supportive attitude and behavior at all times.
4. I will be truthful and fair with members and their referrals.
5. I will live up to the professional and ethical standards of my profession.
6. I will not make promises I cannot keep, but will keep the promises I make.
7. I will take the responsibility to follow up and follow through on the referrals I receive.

TERMS:

Limitations of Liability. Notwithstanding any other provision of this agreement, any liability to you involving L.E.A.D., its distributorships and their officers, directors, agents and representatives for any cause arising out of or related to this agreement, and/or membership or participation in L.E.A.D., and regardless of the form of action, will at all times be limited to the amount of monthly, semi-annual and/or annual dues for the membership to L.E.A.D. Except in jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages.

Arbitration. All disputes arising out of or related to this agreement or the member's participation in L.E.A.D. shall be resolved by binding arbitration in accordance with the laws of the state where the applicant's L.E.A.D. Chapter is located. The arbitration shall be subject to the rules of the American Arbitration Association. This clause encompasses any and all disputes involving L.E.A.D., its distributorships, and their officers, directors, agents and representatives.

BUSINESS REFERENCES:

(1) Name: _____ Position: _____
 Business: _____
 Phone: _____ E-mail: _____
 Business Relationship (describe): _____

(2) Name: _____ Position: _____
 Business: _____
 Phone: _____ E-mail: _____
 Business Relationship (describe): _____

I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my application or, if discovered after my application has been accepted, subject me to immediate termination at L.E.A.D.'s discretion without any reimbursement. I further understand that my membership is conditional and I agree, accept and will abide by all the terms and conditions set forth herein and those contained with L.E.A.D. Rules, Regulations, Policies, Guidelines and Code of Ethics.

Note: You may attach a resume or biography for additional information. Thank you. _____
Applicant's Signature

Upon Your Acceptance to L.E.A.D., Fees are non-Refundable without Exception.

ANNUAL MEMBERSHIP INVESTMENT (subject to change without notice): \$275.00

METHOD OF PAYMENT:

Check* Credit Card - Please indicate choice: Visa Master Card AMEX Discover
* Make Checks Payable to **Houston Networking News**

Full Name (as it appears on card): _____
 Card Number: _____ Expiration Date: _____ Code: _____
 Cardholder Signature: _____ Date: _____

MEMBERSHIP COMMITTEE USE ONLY

Verified information and references: Yes No

Member: _____ **Date:** _____

Comments: _____

Recommendations to Executive Director Accept Decline

Comments: _____