



Leads Group Application

COMPANY NAME (*MUST be a Chamber member in good standing*): _____

APPLICANT FIRST NAME: _____ APPLICANT LAST NAME: _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

BUSINESS ADDRESS: _____ CITY: _____ ZIP CODE: _____

PREFERRED PHONE #: () _____ SECONDARY CONTACT #: () _____

EMAIL ADDRESS: _____

BUSINESS CATEGORY (Fill in your business category as it is listed with your Chamber membership):

DESCRIPTION OF PRODUCTS/SERVICES:

Once received, the Chamber Director of Membership, Josh Suiter and the Chamber Leads President, Shelly Gardner will review your application. Your Category listing will be crosschecked with our available categories for each leads group. If your category is taken, you will be put onto a waiting list &/or notified if a new leads group is becoming available.

Upon completion, please return this application to the
JoshS@stmatthewschamber.com