

**COLUMBIA SALES EXCHANGE
MEMBERSHIP APPLICATION**

Applicant's Name _____	Business Phone _____
Company _____	Cell Phone _____
Address _____	Fax _____
City, State Zip _____	Email _____
Nature of Business _____	Website _____
Years in Industry _____	DOB (Month/Day) _____
Referring Member _____	

Describe exactly what products and services you sell:

List two business references, contact person, and telephone number:

List any organizations to which you are a member:

I authorize investigation of all statements contained in this application. And I understand that any misrepresentation or omission of facts called for is just cause for non-approval or dismissal by the Columbia Sales Exchange. I do not belong to, attend, or participate in any way in another leads group or tips club. I understand that this application must be approved by the membership as well as the Board of Directors and my dues and application fee be paid before I am officially a member. All dues are non-refundable. By signing this application, I agree to abide by the rules and by-laws of the Columbia Sales Exchange and not hold the exchange or any of its' members liable in any way.

Applicant _____
Date _____

Application must be emailed or faxed to Tonja Ivey at tivey@cdcsllc.com or 785-4244.

For Board Use Only:

Application Completed:
Business References Checked:
Voted on by Board of Directors:
Welcome Email Sent Out:
Membership Package Issued:
Added to CSE Website:
Filed by Vice President:
