

COLUMBIA SALES EXCHANGE MEMBERSHIP APPLICATION

Applicant's Name _____	Business Phone _____
Company _____	Cell Phone _____
Address _____	Fax _____
Address _____	Email _____
Nature of Business _____	Website _____
Years in Industry _____	Other _____
Referring Member _____	RM Email _____

Describe exactly what products and services you sell:

List two business reference, 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 officically 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 _____

For Board Use Only:

Application Completed:
Voted on by Membership:
Business References Checked:
Voted on by Board of Directors:
Notification of Sponsoring Member
Application Fee Paid:
Membership Package Issued
Added to Member Database
Filed by Secretary
