



LANSING REGIONAL CHAMBER

SMART BUSINESS RELATIONSHIPS FORUM MEMBER APPLICATION

Name: _____

Company: _____

Address: _____ City: _____ St: MI Zip: _____

Work Ph: _____ Fax: _____ Cell: _____

E-mail Address: _____ Web: _____

Type of Industry: _____

- SBR I**—8-9:30 am the third Tuesday of each month.
 SBR II—11:30-1:00 pm the first Friday of each month.

Mission Statement

Our goal as the Smart Business Relationships group is to provide exceptional business referral opportunities, foster lasting professional relationships, and to encourage continued entrepreneurial education through speaker presentations.

Membership Benefits

- Members will receive an email distribution list. From there you can pass and receive on-line leads, send articles of interest, and e-mail upcoming sales and announcements to other group members.
- Exchange marketing and sales ideas as well as professional advice with participants
- Receive two Free member mixer passes (\$20 value)
- Profile & Business spotlight on the Chamber web site, with hotlink to your business (\$250 value)
- Receive copy of annual Business & Membership directory (\$40 value)
- Increase awareness of activity in the business community
- Professional development from a variety of speakers

Membership Requirements

- You must be a Business member, in good standing with the Chamber.
- Only one member per company may participate in the group.
- There will be no more than one member from any given industry in the group.
- Attendance is very important, only two absences per year will be allowed. The group will meet once per month.
- Confidential information concerning fellow members or potential leads will not be disclosed outside the group.
- There will be a maximum of twenty people.
- **Annual dues will be \$150.00 (due upon joining)**

Don't look for Leads at Leads Groups... Look for Relationships

Please fill out the information below:

Detailed description of your occupation, business, products or services: _____

Length of time you have worked in this occupation or profession: _____

Other business experience: _____

What expectations of this group do you have? _____

What can this group expect of you? _____

Are you a member of any other types of leads groups? Yes No

I submit my application with payment of \$150.00 for membership for the Smart Business Relationships group:

Payment Type: Check Credit Card

Card Type: Visa MC Discover American Express

CC#: _____ Expiration Date: _____ Name on Card: _____

Applicant Signature (If different than above)

Date

Print Name

Title

Once complete, please fax to the (517) 484-6910. Call (517) 487-6340 if you have any questions.

(Attach Business Card Here)