

CLIENTS FOR LIFE

APPLICATION

Date _____

Applicant's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail Address _____

Cell Phone _____ Birthdate (Mo/Day) _____

Applicant's Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Business E-Mail _____

Fax # _____ Website _____

Experience in Field/Occupation:

Education in Field/Occupation: _____

How long have you been with the company you represent? _____

Do you belong to any other organizations? _____ If so, please list : _____

Tell us about your family, hobbies, interests, etc. _____

Applicant's Signature _____

Clients for Life Info:

Annual Participation Fee: \$325

A prospective member may attend two meetings as a visitor. Prospective members then complete this application and submit it with payment to the Membership Committee for review. The Membership Committee completes the screening process and notifies the prospective member and the President of acceptance or non-acceptance before the next meeting. Attendance is required, members can have an individual attend the meetings on their behalf should the member be unable to attend. Clients for Life is only as successful as the sum total success of the organizations individual members.