

COLONIE CHAMBER OF COMMERCE
Leads Group Application

Company:

Name:

E-Mail:

Job Title:

Company Address:

City:

Zip:

Work#

Fax #:

Alternate's name:

E-Mail:

Description of your business (please be specific about products & services):

What do you hope to gain by joining a leads group?

What do you think you can contribute to a leads group?

What type of businesses can generate viable leads to you?

What do you consider a good lead?