

AEA Membership Guidelines and requirements:

1. Provide a quarterly average of one (1) lead or referral each week which might benefit a member.

2. Attend all scheduled meetings unless urgent health or business reasons prevent attendance validated by the Executive Director. Absences are not to exceed four (4) per quarter.

3. Agree not to be or become a member of another leads/referral organization.

4. Become familiar with the businesses represented in the Association.

5. Mention the merits of the various members of the Association whenever possible. Refer to friends and business associates.

6. Act promptly on all business information/referrals received. Follow-up and make an effort to turn referrals into business.

7. Handle all referred business in a thorough and professional manner to reflect positively on the recommending member.

8. Pay dues promptly (within 30 days of invoice) at rate determined by the Board of Directors.

9. Strive to provide quality merchandise and service.

10. Keep the source of information furnished by the Association confidential.

11. Being in business for 2 years or more is preferred.



Please Print.		
Business Name:		
Name of Principal	Title	
Address:		
City	ST	
Office Phone:	FA	X:
Email:	Website:	·
Name of Associate who may a	ttend in your place:	
Business Category Requested	 :	
Names of AEA Member(s) You	ı Know:	
Were you referred by an existir		
Member of another Leads Club If answer is yes, please name	o: Yes / No organization(s):	
If you are accepted as a memb agree to resign from any other exclusive to your trade or profe	organizations that require le	
COMPANY INFORMATION President or owner - if other the	an yourself:	
How long has this company be	en in business?	
Time in your current position: _		



Total number of employees: _____

Additional location or billing addresses if applicable:

List products / services your company provides: _____

Please list three (3) references:	
1) Name:	
Company:	
Title:	Phone:
Length of association:	
2) Name:	
Company:	
Title:	Phone:
Length of association:	
3) Name:	
Company:	
Title:	Phone:
Length of association:	
PERSONAL INFORMATION	
(For primary contact person, attendee)	
Name:	



Birthday (year not necessary)	
Home address	Zip
Home phone number:	Spouse Name:
Cell Phone:	
E-Mail:	_Website:

We hereby make application for Membership in your Association and promise that we shall fully comply with all the requirements of your Association as listed on the previous page. An executive officer or member of senior management of our firm shall regularly attend the meetings unless prevented by health or urgent business reasons and shall report, on a quarterly average, a minimum of one lead per week.

We agree to remit \$300.00 with this application (non-refundable if application accepted) membership initiation fee and to pay our quarterly dues (\$250.00) as required. My associate member and myself are not members of any organization requiring leads and agree not to join such an organization while members of AEA.

I understand that your application process may take up to 30 days for completion and that I will be notified immediately. You agree that, if our application is accepted, an application from another person whose main classification is in competition with our classification will not be accepted. However, we do understand that this does not apply to our sidelines. Furthermore, my signature below confirms my agreement to promote business activities only within my chosen classification. Additionally, I acknowledge that any violation of this agreement is cause for consideration of membership termination.

We agree to abide by the Rules and Regulations as they now exist and/or as they may be amended.

Signature of Principal:	r	Datas	
Signature of Principal.		Date:	
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Return to: Larry Dickman, Executive Director larry@alamoexecutives.com 13423 Blanco Rd., Suite 301 San Antonio, TX 78216 (210) 601-1020