

## APPLICATION FOR MEMBERSHIP

The Alamo Executives Association (AEA) requires of its members the following duties:

1. Providing a quarterly average of one (1) lead or referral each week which might benefit one or more member.
2. Attending all scheduled meetings unless urgent health or business reasons prevent attendance validated by the Executive Director. Absences are not to exceed four (4) in any one quarter.
3. Agreeing not to become a member of another leads organization requiring leads.
4. Familiarizing themselves with the various businesses represented in the Association for the purpose of making as many recommendations of business to fellow members as circumstance permit.
5. Mentioning at all suitable times the merits of the various members of the Association for the purpose of recommending them to friends and business associates.
6. Acting promptly on all business information received, following it up diligently and making every reasonable effort to turn it into completed business.
7. Handling all referred business in such a thorough and professional manner that it will reflect credit on the recommending member.
8. Paying dues promptly at rates determined by the Board of Directors.
9. Striving at all times for quality merchandise and service, resistance of price cutting or diminishing of products or services.
10. Pledging to keep the source of all information furnished by the Association strictly confidential.

Alamo Executives Association  
Executive Director ~ Diane Nichols  
info@alamoexecutives.com  
(210) 495-0422

NEW MEMBER APPLICATION  
ALAMO EXECUTIVES ASSOCIATION

Please Print.

Firm  
Name \_\_\_\_\_

Name of  
Principal \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E- mail \_\_\_\_\_

Name of Associate: \_\_\_\_\_ Title \_\_\_\_\_

Category Requested: \_\_\_\_\_

Names of AEA Member(s) You Know \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member of another Leads Club: \_\_\_\_\_ Yes \_\_\_\_\_ No

If answer is yes, please give name of organization(s)

\_\_\_\_\_

Are you aware, and do you agree that if you are accepted as a member of AEA, you and your associate member must then resign from any and all other organizations that require leads that are not exclusive to your trade or profession? \_\_\_\_\_ Yes \_\_\_\_\_ No"

\_\_\_\_\_

**CORPORATE INFORMATION**

President of company if other than yourself:

\_\_\_\_\_

Time in your current position: \_\_\_\_\_

This company has been in business: \_\_\_\_\_ years.

Total number of employees your company employs: \_\_\_\_\_

Total number of employees that you supervise: \_\_\_\_\_

Please list your Taxpayer Identification Number (TIN) \_\_\_\_\_ or for  
sole proprietor, Social Security Number of principle member \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If your company is incorporated, please disclose state \_\_\_\_\_

Additional location addresses if applicable: \_\_\_\_\_

List products or services your company provides: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three (3) client 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: \_\_\_\_\_

Please list professional or trade organizations of which you are currently a member:

1) Organization: \_\_\_\_\_

President's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of membership: \_\_\_\_\_

Offices currently holding or have held: \_\_\_\_\_

2) Organization: \_\_\_\_\_

President's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of membership: \_\_\_\_\_

Offices currently holding or have held: \_\_\_\_\_

Please list two (2) vendor references:

1) Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_ Phone \_\_\_\_\_

Length of association: \_\_\_\_\_

2) Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_ Phone \_\_\_\_\_

Length of association: \_\_\_\_\_

Please list two (2) personal references:

1) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of years you have known this person: \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of years you have known this person: \_\_\_\_\_

Please list civic or charitable involvement:

1) Organization: \_\_\_\_\_

Executive Director and/or contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of years of involvement: \_\_\_\_\_

Offices currently held or have held \_\_\_\_\_

\_\_\_\_\_

**PERSONAL INFORMATION**

Number of years you have been a resident in San Antonio: \_\_\_\_\_

Birthday (year not necessary) \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Associate Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Associate Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Associate Birthday (year not necessary) \_\_\_\_\_

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Do you give us permission to call the Better Business Bureau? \_\_\_\_\_yes \_\_\_\_\_no

If "no", please explain why: \_\_\_\_\_

\_\_\_\_\_

Do you give us permission to secure a Dunn & Bradstreet report? \_\_\_\_\_yes \_\_\_\_\_no

If "no", please explain why: \_\_\_\_\_

\_\_\_\_\_

We agree to abide by all the Rules and Regulations of the Association.

We agree to remit a \$300 initiation fee (non-refundable if accepted) with this application. I understand that all member dues are due and payable on time or a \$25.00 handling fee will be charged.

Signature of Principal: \_\_\_\_\_

Date \_\_\_\_\_

The Board of Directors  
Alamo Executives Association  
San Antonio, Texas

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 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: \_\_\_\_\_

Date: \_\_\_\_\_