



The Executives Association

of Rhode Island

Proposal For Membership

Date _____ Sponsored by: _____

Business Information

Proposed Firm's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email _____ Web Site Address _____

Proposed Classification (this must be 60% of your business) _____

Additional lines of service if any _____

Detailed description of business activities with % breakdown of minor activities:

Principals of firm _____

Title _____ Title _____

Type of Business: Manufacturer Service Wholesaler Retailer

Other (specify) _____

Business is Corporation Partnership Sole Proprietorship

Business is Rhode Island Owned & Operated

Home-based outside of Rhode Island (specify)

Number of years in business in Rhode Island _____

Number of local employees _____ Part time _____ Full time _____

Member Information

Designated Representative _____ Birthdate ____/____/____

Home Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Designated Representative is: Owner Partner Corporate Officer
 Business Acquaintance Personal Friend of Sponsor

Designated Alternate's Information

Alternate's Name: _____

Position in Company _____ Phone _____

Financial Information

Location from which bills are paid _____

Contact _____ Phone _____

Number of years in business in Rhode Island _____

Number of Local employees _____ Part time _____ Full time _____

Area covered by firm in Rhode Island _____ -

Annual Sales Volume Under \$100,000 \$100,000-\$500,000 \$500,000-\$1 million
 \$1-5 million \$5 million +

Bank References Name _____ Type of account _____

Account No. _____ Phone _____ Contact Name _____

Name of two largest customers 1. _____

2. _____

Please list two business references:

Business _____ Contact _____ Phone _____

Business _____ Contact _____ Phone _____

Professional Licenses or Affiliations: _____

Does your company have a member in any other leads group? Yes NO (ANSWER REQUIRED)

If so, who is the representative? _____ What Group? _____

Will the proposed representative be able to meet the attendance requirement? Yes No

Will the proposed representative be able to generate leads? Yes No

I fully realize by signing this proposal for membership that my firm, if selected, is to be the member of the association. In the event that the designated representative leaves the firm's employment, the firm will remain the member, and be fully liable for any and all dues and activities charges generated by the membership until the date of the firm's written resignation. I fully understand the necessity to verify the information furnished above, and I give my permission to do this verification. I further agree not to join any other leads generation organization, nor am I a member of such an organization as of this date. I also agree that I will be responsible for all charges, including collection costs and attorney fees, following any termination from EARI.

Signature _____ Title _____

Please attach a sheet of your letterhead and 2 business cards. Please enclose a check for **\$100 as a one-time initiation fee payable to the Executive Association of Rhode Island**. In the event your application is not favorably considered, this check will be returned. The application and check should be returned to our Executive Director, Jay White,

. Questions? Call 401-265-5373