



THE EXECUTIVES ASSOCIATION OF RHODE ISLAND PROPOSAL FOR MEMBERSHIP

DATE: _____ SPONSORED BY: _____ MEMBERSHIP DRIVE 2023

BUSINESS INFORMATION

Proposed Firm's Name: _____
Address _____ City _____ State _____
Zip Code _____ Office Telephone: () ____ - _____ Cell Phone: () ____ - _____
Email Address: _____ Website: _____
Proposed Classification (This must be 60% of your business) _____

Detailed description of business activities with percentage breakdown of minor activities. _____

Principals of firm _____
Title: _____ Title: _____

Type of Business: Manufacturer Service Wholesaler Retailer Professional Other
Business is: Corporation Partnership Sole Proprietorship
Business is: Rhode Island Owned & Operated Home-base is outside of Rhode Island
Year Established: _____ Number of Employees _____ Full Time _____ Part Time _____

MEMBER INFORMATION

Designated Representative _____ Birthdate: ____ / ____ / ____
Home Address _____ City _____
State _____ Zip Code _____ Cell Phone: () ____ - _____
Designated Representative: Business Representative Owner Partner Corporate Officer

DESIGNATED ALTERNATE INFORMATION

Alternate's Name: _____ Position in Company: _____
email address: _____ Cell Phone: () ____ - _____

FINANCIAL INFORMATION

Location from which bills are paid: _____ Contact : _____
Email Address: _____ Cell / office Phone: () ____ - _____
Annual Sales Volume: under \$100,000 \$100,000-\$500,000 \$500,000 - \$1 million \$1-\$5 million \$5 million +

Bank Reference Name: _____ Type of Account: _____
Account No. _____ Phone: () ____ - _____ Contact Name: _____
Name of Two (2) Largest Clients: 1. _____
2. _____

List Two (2) Business References:
1. _____ Phone: () ____ - _____ Contact Name: _____
2. _____ Phone: () ____ - _____ Contact Name: _____

Professional Licenses or Affiliations: _____
Does your company have a member in any other leads group? Yes No
If so, who is the representative? _____ Name of Group? _____

Will the proposed representative be able to meet the attendance, minimum of seven (7) per in 13 weeks? 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 a member, and be fully liable for any and all dues and activities charges 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 as a member of such an organization as of this date I also agree that I will be responsible for all charges, including collections costs and attorney fees, following any termination from EARI.

Signature: _____ Title: _____

Membership Promotion 2023: Application Fee and First Month waived; a Seven (7) month Membership must be met in order to receive the membership promotion, which will occur at the end of the Sixth (6) month.

Return this application to: RIExecsAssociation@gmail.com

Questions or Concerns: Call: Cathy Corelli (401) 556-0286 // Mike Sarenson (401) 944-6130 // Jason Khoury (401) 640-3994