



# THE EXECUTIVES ASSOCIATION OF RHODE ISLAND PROPOSAL FOR MEMBERSHIP

DATE: \_\_\_\_\_ SPONSORED BY: \_\_\_\_\_ MEMBERSHIP DRIVE 2025

## 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 2025: Application Fee and First Month waived; a Twelve (12) month Membership must be met in order to receive the membership promotion, which will occur at the end of the Eleventh (11) month.

**Return this application to: RIExecsAssociation@gmail.com**

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

Executive Director: Rhonda Labush (401) 529 -0953