



Detroit Regional Chamber: Leads to Business Member Application

Please fill out this form completely in order to be considered for acceptance into one of the Leads to Business groups, and email to malabast@detroitchamber.com.

Date: _____

Last Name: _____ First Name: _____

Title / Position: _____

Company Name: _____

Company Address: _____

City: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Membership Level: Business Builder Bronze Silver Gold

How long has your company been a member? _____

Are you the primary contact for the Chamber? Yes No

If not, please list primary contact & phone: _____

How long has company been in business _____

Primary Business Services: _____

What specific industries do you currently do business with/serve?

What specific industries are you looking to do business with?

Do Not Write Below This Line – Chamber Use Only

Approved YES NO Leads to Business Group _____ First Meeting Date: _____

Application Received Email _____

Group Acceptance Email _____

On-Hold Email _____

Denial Email _____