ROCS!
♦ Referral Organization of Carol Stream ♦

Carol Stream Chamber of Commerce Leads Group Application

Name _____ Title _____

Business Name _____

Business Address _____

City State Zip _____

Business Phone _____ Cell Phone _____

E-mail _____ Website _____

Category/Industry or Profession Represented _____

Business description, including your products or services: _____

_____

TIME: 8:00-9:00am *Network/greeting time: 7:45. Meeting starts promptly at 8:00*
DATE: 1st & 3rd Wednesday of each month
LOCATION: Augustino's Rock & Roll Deli, 346 S. Schmale Road, Carol Stream, IL 60188

Must be a member of the Carol Stream Chamber in good standing, and the annual Leads Group fee must be paid by the applicant's second meeting.
[See ROCS-Carol Stream Chamber of Commerce Leads Group Guidelines and Expectations]

I have read and agree to the terms outlined in the ROCS-Carol Stream Chamber of Commerce Leads Group Guidelines and Expectations.

_____ _____
Applicant's Signature Date

MAIL completed application with payment of **$100** to: Carol Stream Chamber, 150 S. Gary Avenue, Carol Stream IL 60188 *Checks payable to: Carol Stream Chamber of Commerce.*

OR FAX completed application with credit card info below to: 630.665.6965

Name on card _____ Credit card number _____ Amount $ _____

Billing Address (street # only) _____ Billing Zip _____ Exp _____/____ Card type: **MC VISA AM EXP DISC**

Security code: (last three digits near signature on back; AMEX - 4 digits on front) _____

You will be contacted upon receipt of application and payment and we will send you confirmation. First Come, First Served.