S.A.L.S.A.

(South Arlington Lead Share Association)

MEMBERSHIP APPLICATION

Name: _____

Business :_____

Address: _____
_____
_____
_____

Phone(s): _____
_____

Fax: _____

Refer'd by: _____

Yrs. w/Co. _____

Home
Address: _____
_____
_____
_____

Home
Phone: _____

Please describe the nature of your business in 25 words or less:

_____
_____
_____
_____
_____

Business References:

Name: _____
Position: _____
Phone: _____
Business: _____

Name: _____
Position: _____
Phone: _ _____
Business: _____

Name: _____
Position: _____
Phone: _____
Business: _____

I hereby certify that the information contained on this application is true and I authorize SALSA to contact the business references I have listed. Furthermore, I have read and agree to abide by the policies set forth by SALSA (South Arlington Lead Share Association).

_____ _____
Signature *Date*

Application Fee *$15*

Upon Acceptance (pro-rated member dues)

(Upon acceptance, dues and fees are non-refundable. Make check payable to the current Treasuer of SALSA, verify name of individual 703-924-6270 or see our website at www.salsanetworking.com)