



| | Position/Title: | |
|---|---|-----------------------------|
| Business Name: | | |
| Preferred Mailing Address: | | |
| City: | State: | ZIP: |
| Preferred Email: | | |
| Website: | | |
| Business Number: | Cell Number: | |
| My Business Category(s): | | |
| Company Facebook Page: | | |
| I understand and agree to the guidelines. | | |
| Signature: | | _ |
| | | |
| CREDIT CARD AUTHORIZATION | | |
| Credit Card Type: | Authoriza | tion Amount: \$350 annually |
| | | |
| Credit Card Number: | Expiration Date:/ | Security Code: |
| | Expiration Date:/ | Security Code: |
| Credit Card Number: | | |
| Credit Card Number: Billing Address Same as Above | | |
| Credit Card Number: Billing Address Same as Above Billing Address: | State: | ZIP: |
| Credit Card Number: Billing Address Same as Above Billing Address: City: | State: | ZIP: |
| Credit Card Number: Billing Address Same as Above Billing Address: City: Keep this credit card number on file and automatically characters. | State: arge for my annual Leads Group memi | ZIP: |
| Credit Card Number: Billing Address Same as Above Billing Address: City: Keep this credit card number on file and automatically characters. | State: arge for my annual Leads Group memi | ZIP: |
| Credit Card Number: Billing Address Same as Above Billing Address: City: Keep this credit card number on file and automatically choosing signature: | State: arge for my annual Leads Group memi | ZIP: |

Those interested in joining Pipeline must complete an application and return to:

Conway Area Chamber of Commerce | ATTN: Leo Cummings III | 900 Oak Street | Conway, AR 72032 | Leo@ConwayArkansas.org

Upon receipt of application, the applicant will be notified as to the availability of joining an existing Pipeline group, the start of the next scheduled meeting, and will receive a yearly or pro-rated invoice. If there is no availability in Pipeline at the time of application, the applicant will be placed on a waiting list and notified when a position becomes available.

pipeline



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