



3165 McCrory Place, Suite 185
Orlando, Florida 32803
(407) 896-1015
Fax (407) 894-7673

MEMBERSHIP APPLICATION

Company Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Zip: _____

Email Address: _____ # of Employees: _____

Company is: Corporation Partnership Sole Proprietor

Brief History of company – including the number of years conducting business in the Orlando Area:

Category of Business: _____

Does the above stated category represent 75% of total business activity? _____

Designated Representative and Title: _____

Area of responsibility of Designated Representative: _____

Alternate Representative and Title: _____

Who will be responsible for EEC Dues and Fees? Company Designated Representative by Personal Check
(If Designated Representative is paying for dues and other fees by personal check, please complete reverse side of application)

***I UNDERSTAND THAT THE COMPANY IS THE MEMBER AND THE COMPANY
MUST ABIDE BY THE FOLLOWING POLICIES:***

1. Attendance is required at a minimum of 64% of Wednesday morning meetings and 64% of open houses.
2. The company must give a presentation and open house at least once every two years.
3. The company, or a representative of the company, may not hold membership in another leads group in Orange or Seminole Counties, unless the member of the other leads group is a different representative than the EEC representative and from a different office than the EEC representative.
4. A minimum of one complete lead is required each week.
5. Dues are \$50.00 per month and payable one month in advance.
6. Manager/Owner must attend a minimum of one (1) meeting per month.
7. Designated Representatives and Alternates must attend an Orientation Meeting.

Printed Name of MANGER/OWNER or OFFICER: _____

Signature of MANAGER/OWNER or OFFICER: _____ Date: _____

Sponsor: _____ Roll #: _____

DECLARATION OF INTENT TO PAY

I, _____, will personally be responsible for
Print Individual's Name Here

all dues and other expenses incurred by _____'s
Print Company's Name Here

association with the Executive Exchange of Central Florida, Inc.

Representative's Signature

Date