

Synergy Member Information Sheet

Name: _____

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ E-Mail: _____

Description of your business: _____

Description of products or services you promote:

Examples of "warm" lead opportunities you are seeking:

Examples of "cold" leads, if desired:

List professional, business, or community service organizations to which you belong:
