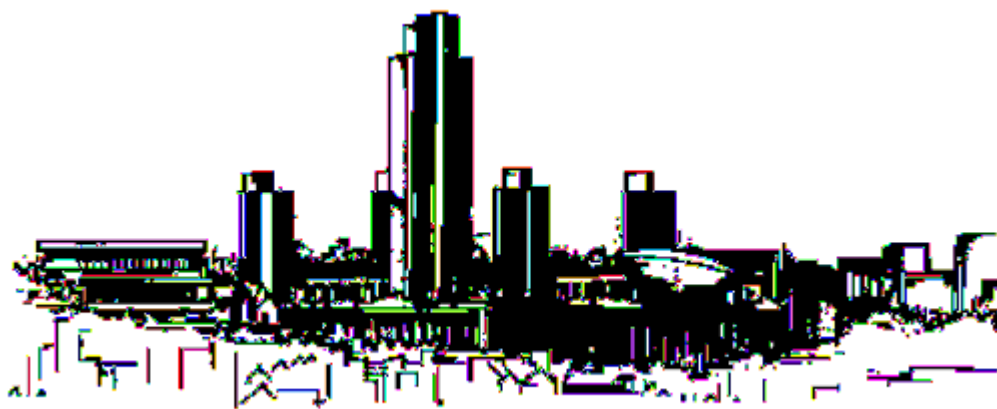


ALBANY EXECUTIVES ASSOCIATION



230 Washington Avenue Extension, Suite 101
Albany, NY 12203
518-462-8535
518-463-8656

APPLICATION FOR MEMBERSHIP

APPLICATION FOR MEMBERSHIP

DATE ____/____/____

APPLICANT CONSENTS TO A REFERENCE CHECK ON THE COMPANY PROPOSED HEREIN FOR MEMBERSHIP. APPLICANT CONSENTS TO PUBLICATION OF ITS NAME IN AXA BULLETIN AS PROPOSED MEMBER. THE ACCEPTANCE OF THIS APPLICATION FOR MEMBERSHIP SHALL NOT BE CONSIDERED BINDING ON EITHER THE PROSPECTIVE MEMBER OR AXA UNTIL (1) APPROVED BY THE BOARD OF DIRECTORS AND (2) RECEIPT OF THE MEMBERSHIP FEE BY THE EXECUTIVE DIRECTOR. UPON SATISFACTION OF BOTH THESE CONDITIONS, THE MEMBER SHALL BE ENTITLED TO ALL THE PRIVILEGES OF AXA AND AGREES TO ABIDE BY THE BY-LAWS OF THE ASSOCIATION AND AGREES TO CONFINE BUSINESS PROMOTION EFFORTS TO CLASSIFICATION ASSIGNED ONLY. MEMBERSHIP SHALL NOT, HOWEVER, BE GRANTED TO AN APPLICANT IF THAT APPLICANT IS PRESENTLY, OR SUBSEQUENTLY BECOMES AFFILIATED WITH AN ORGANIZATION WHICH HAS SUBSTANTIALLY SIMILAR OBJECTS TO THOSE SET FORTH IN ARTICLE 1, SECTION 3 OF THESE BY-LAWS.

CLASSIFICATION REQUESTED _____

SPONSOR/RELATIONSHIP _____

FIRM NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____ FAX NUMBER _____

PHONE NUMBER _____ EMAIL/WEBSITE _____

BILLING ADDRESS _____

OWNERS OR PRINCIPALS/TITLES _____

TYPE OF BUSINESS
(MANUFACTURING/RETAIL/
SERVICE/ETC)

NUMBER OF LOCAL
EMPLOYEES

NUMBER OF YEARS
COMPANY OPERATED
IN CAPITAL DISTRICT

REPRESENTATIVE TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ DATE OF BIRTH (YEAR OPTIONAL) _____

SPOUSE NAME _____

ALTERNATE TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ DATE OF BIRTH (YEAR OPTIONAL) _____

SPOUSE NAME _____

DO YOU, YOUR ORGANIZATION OR ANYONE IN YOUR ORGANIZATION PRESENTLY BELONG TO ANY OTHER NETWORKING/LEAD GENERATING GROUP(S)?

NO YES NAME OF ORGANIZATION _____

AXA IS A CATEGORY-BASED MEMBERSHIP ORGANIZATION THAT ENABLES MEMBERS TO REFER OR DIRECT OTHER MEMBERS TO BUSINESS OPPORTUNITIES WITHOUT CONFLICT OF BUSINESS INVOLVEMENT. THEREFORE:

A) PLEASE DESCRIBE THE SPECIFIC CATEGORY THAT YOU ARE APPLYING FOR AND INDICATE THE PERCENTAGE OF ITS BUSINESS IN RELATIONSHIP TO YOUR OVERALL BUSINESS STRATEGY:

B) PLEASE DESCRIBE YOUR APPLICATION IN RELATIONSHIP IN YOUR COMPANY'S ORGANIZATION (I.E., SUBSIDIARY, HOLDING COMPANY, OR DIVISION OF A REGIONAL OR NATIONAL COMPANY):

ALL COMPETITORS IN THIS MARKET:

_____	_____
_____	_____
_____	_____
_____	_____

BUSINESS REFERENCES (INCLUDING AXA)	ADDRESS	PHONE NUMBER
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE MEMBERSHIP COMMITTEE RESERVES THE RIGHT TO INTERVIEW ANY OR ALL APPLICANTS TO AXA. ONCE COMPLETED, YOUR APPLICATION WILL BE POSTED FOR TWO (2) WEEKS. WITHOUT OBJECTION, A DECISION WILL BE MADE BY THE BOARD OF DIRECTORS AT ITS NEXT SCHEDULED MEETING.

_____	_____
SIGNATURE	TITLE

_____ **PLEASE READ AND INITIAL**

I HAVE SUBMITTED, WITH THIS APPLICATION, A CHECK FOR THE INITIATION FEE. I UNDERSTAND THIS FEE WILL BE RETURNED IF OUR APPLICATION IS NOT ACCEPTED.

DATE RECEIVED BY AXA _____