LEADER2LEADER
CHRISTIAN LEADERSHIP ALLIANCE

Leader2Leader Membership Application (2020)

Name: _____
Title: _____
Organization: _____
Address: _____
City/State/Zip: _____
Phone: **Work**_____ **Cell**_____
Email: _____
Group Location: _____ **Facilitator:** _____

1. **What is the approx. annual revenue of your organization?** _____
2. **What month/year will you start your L2L membership? (M)** _____ **(Y)** _____
3. **Check one:** ___ I am a CLA member, ___ I am sending in a new concurrent CLA membership application with this L2L application, ___ I do not wish to become a CLA member

Leader2Leader Membership Fees (circle the fee that applies)**:**

CLA Status	Annual Fee	Monthly Fee
Member	$2,499.00*	$ 208.25
Non-member	$3,099.00*	$ 258.25

*Individuals who pay the annual fee receive a $100 scholarship applicable towards a future CLA training experience, including The Outcomes Conference, Outcomes Academy – Online, or registration for the CLA CCNL Program.

L2L membership fees are paid by a recurring automatic debit from your credit card.

Frequency of automatic debits: ❑ Annual ❑ Monthly
Credit Card #_____
Exp. Date: _____/_____ Security #_____
Name as it appears on the card: _____
Billing Address *(if different than above):*
_____
Signature: _____

L2L Membership Agreement:

- To maintain strict confidentiality of all conversations and information shared in L2L meetings.
- To give attendance at all meetings a priority, and to abide by any additional covenants of the group.
- To host one meeting a year at my own place of business or at a location convenient to group members.
- To fully participate in all group conversations, offering questions, insight, and feedback in good faith.
- To assist in building the group by referring at least 2 new prospects to the group each year.
- L2L memberships are non-transferable.
- To give the group at least 3 month's notice before cancelling group membership.
- I understand that by signing up for monthly or quarterly credit card deduction(s), payments will continue on, year to year, unless I communicate to CLA that I want to cancel my L2L membership.

I affirm my agreement with the terms of the L2L Membership Agreement listed above:

_____ _____
Name Date

L2L Group Facilitator: Send top copy of completed application to: Christian Leadership Alliance
Attn: Suzy West, 629 Camino de los Mares, Suite 309, San Clemente, CA 92673,
Suzy.West@ChristianLeadershipAlliance.org or Fax to (949) 487-0927.