



# Albany Executives Association, Inc.

90 State Street, Suite 1009 • Albany, NY 12207 • (518) 462-8535 • (518) 463-8656 • [axa@caphill.com](mailto:axa@caphill.com) • [www.albanyexecs.com](http://www.albanyexecs.com)

Dear Prospective Member:

We are delighted to learn that you have an interest in applying for membership in the Albany Executives Association (AXA). Attached is a Membership Application.

AXA is a vibrant association of successful business leaders in the Capital District, whose sole purpose while gathering for our weekly luncheon is to share business opportunities and network in order to develop each member's business. The AXA Bulletin, our weekly association newsletter, communicates — exclusively to members — leads generated from these weekly luncheons.

The value of an AXA membership is, to an extent, determined by the effort a member puts into making it work for them. Any number of AXA members will tell you that their membership is one of their most valuable business development aides. Another key benefit is that AXA is a category exclusive association ... *you* are the only individual who can market *your product or service in your designated category*.

Please complete the enclosed application, and return it to the AXA office, along with a \$200.00 application fee. The application must be signed by an officer of the corporation or by an owner, if not incorporated. The persons designated as representative and alternate must have the authority within your business to make decisions that would benefit other AXA members. Membership is a commitment to regularly attend weekly meetings and not to belong to any competing leads/networking group. Quarterly dues are \$221.00, which includes the cost of weekly lunches.

The Board of Directors on the recommendation of the Membership Committee considers all applications. Applications are acted upon in two to seven weeks.

We invite you to visit our website at [www.albanyexecs.com](http://www.albanyexecs.com) and if you have any questions, please contact me at the AXA office 518/462-8535.

Sincerely



John A. Graziano, Jr.  
Executive Director

# ALBANY EXECUTIVES ASSOCIATION



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Albany, NY 12207  
518-462-8535  
518-463-8656

## APPLICATION FOR MEMBERSHIP

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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:

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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):

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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 \_\_\_\_\_