



EXECUTIVE DIALOGUE APPLICATION

Application Date: _____

1. Applicant Name: _____

2. Applicant Title/Position: _____

3. Business Name _____

4. Business Address: _____

5. Business Phone: _____ Fax: _____ Email: _____

6. Type of Business: _____

7. **Description of Business:**

Describe products, services, types of customers, geographic areas served and type of business facility. Note: In order to avoid placing new members into a group where a conflict of competing businesses may exist, it is important that you describe, in sufficient detail, the nature and operations of your business. For example, saying "I sell office products, etc." may not be adequate if it does not also disclose that you sell computer equipment, office equipment, furniture, printed forms or similar products. The greater the detail, the less likely you will be placed in the "wrong group".

8. Number of Employees: _____ 9. Year Business Formed: _____

10. Years of business/management experience prior to business ownership: _____

11. Why are you interested in Executive Dialogue; what do you hope to gain?

12. What strengths do you feel you can bring to an Executive Dialogue?

EXECUTIVE DIALOGUE REQUIREMENTS:

1. Must be an equity owner in a business with 3 or more employees (i.e. personal capital at risk)
2. Maintain complete confidentiality of meetings
3. Commit to be in the group for at least one year
4. Attend a minimum of 75% of meetings
5. Must be a Capital Region Chamber member at Premium level or above
6. Must follow discussion protocol

I acknowledge that I am an equity owner in the above business and understand all of the conditions listed above for eligibility and retention in Executive Dialogue.

SIGNATURE: _____

Please email a copy of your application to Jennifer Sims at jsims@capitalregionchamber.com or fax it to 518.431.1488. Contact Jenn at 518.431.1418 with any questions.