

CONSULTING ALLIANCE APPLICATION

Application Date:

1. Applicant Name: _____
2. Applicant Title/Position: _____
3. Business Name: _____
4. Business Address: _____
5. Business Phone: _____ Email: _____
6. Type of Business: _____
7. Description of Business: _____

8. Number of Employees: _____
9. Year Business Formed: _____
10. Percentage of Income Earned from Consulting:

Less than 51%

51% to 80%

81% to 100%
11. Describe briefly your areas of consulting expertise: _____
12. Please provide 2 or 3 recent clients you have provided services to: _____
13. Describe a typical client: _____

References may be requested.

CONSULTING ALLIANCE REQUIREMENTS:

1. Must qualify as a sole practitioner, a partner in a jointly administered partnership or as management-level staff in an organization with financial and administrative decision-making authority for their consulting activities.
2. A minimum of 51% of earned income must be derived from consulting.
3. Must be a Capital Region Chamber member at Premium level or above
4. Must adhere to the Consulting Alliance Code of Ethics

I acknowledge that I meet all the above requirements and understand all the conditions listed above for eligibility and retention in the Consulting Alliance.

SIGNATURE: _____

Please email a copy of your application to Jennifer Sims at jsims@capitalregionchamber.com or fax it to 518.431.1402. Contact Jenn at 518.431.1418 with any questions.