



## 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 or as management-level executive 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 investment level or higher
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](mailto:jsims@capitalregionchamber.com) or fax it to 518.431.1402. Contact Jenn at 518.431.1418 with any questions.