

Application for Full Membership Society for Advancement of ConsultingSM LLC

Note: This is a confidential document. It will not be disclosed to anyone for any reason outside of the membership assessment of SAC. We do not sell, rent, or otherwise provide member lists to any source for any reason under any circumstances.

Please print all information on a computer or typewriter. Electronic submissions are acceptable. (Notarized documents should be sent through regular mail.)

Date Submitted:_____

Part 1: Personal Information

Name:_____

Title:_____

Company Name:_____

Address:_____

City/State/Zip:_____

Business Phone:_____ Home Phone:_____

Fax:_____ Email:_____

Web Site:_____

Part 2: Professional Information

If you are applying for Affiliate Membership, please use the affiliate form.

Note: Those holding CMC, CPMC, and/or CSP designations are exempt from the criteria in Part 2. Proceed to Part 3.

What year did you begin professional consulting (you received compensation as an external consultant from a client):_____

For how many consecutive years, as of today, have you been earning the preponderance of your income from professional consulting and related services:_____

Please provide ten testimonials on client letterhead from buyers who obtained your services which attest to the quality of your work, competence, and character. (You may include up to three buyers from within one organization among the ten.)

Please provide evidence of a college undergraduate degree or, alternatively, of ten consecutive years as a full-time consultant.

Please provide the contact information of 25 engagements you've conducted as an independent consultant or, alternatively, evidence of a minimum of \$75,000 in gross billings from your consulting business in three of the prior four years.

Please provide three testimonial letters, in addition to the above, specifically attesting to your character, honesty, and ethical conduct.

Part 3: Membership Fulfillment

1. Please provide a notarized statement, including the notary's seal and signature, attesting to the fact that "I submit this information to the SAC and swear that it is honest, accurate and complete, and that I have never been convicted of a crime nor lost a suit or been levied a penalty in court for professional malfeasance." This must be submitted in hard copy by every applicant.

2. Please enclose your check, credit card number, or money order (made out to SAC) in the amount of \$300 with this application. If, for any reason, your membership is not accepted, we will refund your money, retaining \$100 as a processing fee.

___ check enclosed ___ money order enclosed ___ credit card number below

Credit card (Amex, MC, VA): _____ exp. _____

We will confirm your status within 30 days of receiving your application. Thank you!

Please send any hard copy documents to:

SAC, LLC
Box 746
East Greenwich, RI 02818

Or fax to: 401/884-5068

Electronically to: membership@consultingsociety.com