



Please **type or print** the information below. Attach a resume or company brochure and any other information that will help the Board evaluate your application. Your home phone number will be omitted from your consultant profile listed on our website.

Contact Information

| | | |
|--------------|----------|--------------|
| Name (Mr/Ms) | | Office Phone |
| Title | Nickname | Fax |
| Firm | | E-Mail |
| Address | | Pager |
| City/State | Zip | Home Phone |

Practice Description

Briefly describe services offered and types of clients served.

Professional Background

| | |
|---|-------------------------------------|
| Years in consulting | Years as independent, if applicable |
| Educational Background | |
| Prior work experience, awards, honors, publications, speeches | |
| Involvement in professional organizations | |

Signature _____ Date _____ Enclosed \$ _____

Requirements for Membership

- Attendance at two meetings within six months, unless you live and work more than 100 miles from the Chicago Loop, and agreement to subscribe to the Society's Bylaws and Code of Ethics.
- Completion of this membership application.
- Payment in full of \$150 annual dues plus \$50 one-time administrative fee.
- Board approval of your application for membership based on evidence of your credentials as a professional consultant.

Type of Membership

- Regular member, a consultant who devotes the major part of business activity to the practice of consultancy or who retired while a member of the Society
- Associate member, an individual not currently qualified to be a regular member
- Nonresident member

Committee Interests

Participation is the best way to gain the full benefit of MSPC membership. Please circle your level of interest in participating on the MSPC committees listed below.

| COMMITTEE | 1 ST PREFERENCE | | | | | LAST PREFERENCE |
|-------------------------------------|----------------------------|---|---|---|---|-----------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Benefits | 1 | 2 | 3 | 4 | 5 | |
| Consultant Connection SM | 1 | 2 | 3 | 4 | 5 | |
| Member Profiles | 1 | 2 | 3 | 4 | 5 | |
| Marketing/Newsletter | 1 | 2 | 3 | 4 | 5 | |
| Database | 1 | 2 | 3 | 4 | 5 | |
| New Membership | 1 | 2 | 3 | 4 | 5 | |
| Member Retention/Surveys | 1 | 2 | 3 | 4 | 5 | |
| Publicity | 1 | 2 | 3 | 4 | 5 | |
| Programs | 1 | 2 | 3 | 4 | 5 | |
| Speakers Bureau | 1 | 2 | 3 | 4 | 5 | |
| Finance | 1 | 2 | 3 | 4 | 5 | |
| Web/Online | 1 | 2 | 3 | 4 | 5 | |

BOARD AND MEMBERSHIP COMMITTEE USE ONLY

(MBRSHIP CHAIR>BOARD MTG>SECRETARY>COPIES: PRESIDENT & DATABASE MGR)

Date Application Received _____ Board Approval Date _____

Payment Received \$ _____ Secretary's Initials _____

Comments: