

NONPROFIT EXECUTIVE DIALOGUE APPLICATION

Applic	cation Date:							
1.	Applicant Name:							
2.	Applicant Title/Position:							
3.	Business Name							
4.	Business Address:							
5.	Business Phone:	Fax:	E	mail:				
6.	Description of Business: Describe services, types of customers, geographic areas served and type of business facility.							
7. N	Number of Employees:	_ 8. Year Business Forme	ed:	9. Annual Budget				
9. Y	9. Years of nonprofit/management experience:							
10.	Why are you interested in Nonprofit	Executive Dialogue; wha	at do you ho	pe to gain?				
11.	What strengths do you feel you can	bring to an Executive Dia	alogue?					
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EXECUTIVE DIALOGUE REQUIREMENTS:

- 1. Must be an executive director/lead manager in a nonprofit with 3 or more employees
- 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 in good standing
- 6. Must follow discussion protocol

I acknowlege that I understand all of the conditions listed above for eligibility and retention in Nonprofit Executive Dialogue.

SIGNATURE:		

Please email a copy of your application to Marna Redding at mredding@capitalregionchamber.com or fax it to 518.431.1402. Contact Marna at 518.431.1421 with any questions.