

AMCF has three Associate Membership categories. Associate Membership is open to any company that is aligned with or provides services to the consulting industry, but is not actively engaged in the business of running a consulting firm (e.g. software companies, executive recruitment firms, communications companies, real estate companies, eLearning and training companies, etc.). All non-profits, academic institutions and universities that are aligned with the management consulting industry are eligible for associate membership.

- **CATEGORY A**
Gross billings over \$ 1,000,000 and under \$ 10,000,000
Annual dues: \$ 2,500
- **CATEGORY B**
Gross billings over \$ 10,000,000 and under \$ 100,000,000
Annual dues \$ 7,500
- **CATEGORY C**
Gross billing over \$ 100,000,000
Annual dues: \$ 12,500

**Yes, our firm will join as Associate Members
in the**

Association of Management Consulting Firms

We will join at the:

Category A Category B Category C

DATE

NAME OF FIRM

NAME OF PARTNER OR OFFICER SUBMITTING APP

TITLE

ADDRESS

CITY STATE ZIP COUNTRY

PHONE FAX

EMAIL

CORPORATE HEADQUARTERS ADDRESS

ADDRESS (cont.)

CITY STATE ZIP COUNTRY

PHONE FAX

WEB ADDRESS

► Please attach copies of your organization's brochures or similar material describing your services and copies of sample promotional letters or other material used in new business development.

► On additional sheets, please prepare a representative client, membership or similar list (a *minimum of 5*) served during the last three years. Indicate the type of service performed, when performed, and give the name and address of the client executive with whom you worked.

► Has your organization previously been in business under any other name(s)? Yes No

If yes, please give particulars on an additional sheet of paper

Leadership, Expertise & Professionalism

Associate Member Application

AMCF

Association of Management
Consulting Firms

► If your organization is owned by individuals, or companies other than the firm's consulting staff, please list the major owner or owners of the firm.

► Has your organization or any subsidiary (operating under its present or any prior name) ever been the subject of a voluntary or involuntary petition for bankruptcy, assignment for the benefit of creditors or similar proceeding? Yes No

If yes, please attach a description of the proceeding and the final adjudication, name and address of the court or other tribunal and relevant dates.

DATE Signed by partner or officer submitting application
This information will be held in confidence in the AMCF office. It will, however, be paraphrased in general terms for the guidance of the membership committee and the AMCF Executive Board

Application Fee: \$350.00

Method of Payment:

Check made payable to AMCF in US funds only drawn on U.S. Bank in the amount of \$350 is enclosed, or charge Credit Card

Visa MasterCard American Express Diners Club

CARD NUMBER EXPIRATION DATE

CARD HOLDERS NAME

CARD HOLDERS SIGNATURE

Fax to: (212) AMCF 054/ 262 3054 or e-mail:
info@amcf.org

Mail to:

AMCF

**370 Lexington Avenue, Suite 2209
New York, NY 10017 USA**

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