

Vermont Consultants Network

A resource for professional consultants

PO Box 1102
Williston VT 05495

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____

Web Address: _____

Email: _____

(for sample language and layout for your business description view the consultant's directory at <http://www.vtconsultants.org>)

Service Summary:

Service Details: (use additional space if required)

Background, Education and Qualifications:

Source of Revenue: _____ % Consulting or fee-for-service

_____ % Activities and products other than consulting

Business Type: Sole Proprietorship Partnership
 Corporation (S or C) Non-Profit LLC

How do you bill? Check all that apply:

Hourly By the project Contract/Retainer
 Other

Application:

I, _____ am applying for membership in the Vermont Consultant's network. My membership classification is dependent on the primary source of my revenues as a consultant and is based upon the information supplied with the application. Accordingly, I enclose \$ _____ as payment of the dues of Vermont Consultant's Network.

I agree to abide by the membership classification assigned by the Executive Committee. I also agree to be governed by the VCN Standards of Business Practice and the by-laws and regulations which shall be, from time to time, established by the Executive Committee of the Vermont Consultant's Network

Date: _____

Signature: _____

Mail to

Vermont Consultant's Network
PO Box 1102
Williston VT 05495