

MEMBERSHIP APPLICATION

Firm Name:	
Headquarters Address:	
City & Zip Code:	
Country:	
Telephone:	
Fax:	
Website:	
Principal Contact Name:	
Title:	
Phone:	
Email:	
Alternate Contact Name:	
Title:	
Phone:	
Email:	

Association of Career Firms North America
PO Box 375, Natrona Heights, Pennsylvania, 15065-0375
Phone: 866.503.3155 - Fax: 866.373.5774 - www.acf-northamerica.com

Date on which Firm was founded.	
Years providing career management consulting professional services.	
Has the Firm previously done business under any other name? <i>If yes, please provide prior Firm name and dates (additional sheets as necessary)</i>	
Is your Firm a subsidiary of another organization? <i>If yes, please attach parent company information brochure.</i>	
Company Information: <ul style="list-style-type: none"> • Total full-time salaried professional staff. • Number of professional staff with 2 or more years career management consulting experience principally engaged in this activity today. • Number of support staff. 	
How many offices has your Firm?	<input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other International
Does your Firm have adequate resources to continue in business for the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
does your Firm accept fees paid by individuals for outplacement services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> % of total revenues
List the consulting services your Firm provides: Name of Service: <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ • _____ • _____ 	Percentage of Total Business: <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> %
What is the range of your Firm's revenues in the past two years (please check one).	<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> \$1,000,000 - \$2,000,000 <input type="checkbox"/> \$2,000,000 - \$5,000,000 <input type="checkbox"/> \$5,000,000 - \$20,000,000 <input type="checkbox"/> More than \$20,000,000

What do you Expect from ACF North America?	
Is this a New Application or Renewal?	<input type="checkbox"/> New <input type="checkbox"/> Renewal

I have read the ACF International Bylaws including the Standards of Professional Practice and Code of Ethics, plus the summary of membership conditions. My Firm understands and supports them. I understand that Member Firms undertake outplacement work only from corporations and organizations. Fees are only accepted from individuals commissioning outplacement services for themselves (retail outplacement) where the Member Firm has different premises, different professional staff and/or trades under a different name.

Authorized Firm Representative Signature:

Date:

Conditions

The Membership fee for ACF-North America amounts to \$150.00 for headquarters office and \$75.00 for each branch office. Dues are based on the number of offices your firm has and their location.

Dues payment should accompany this application and are for 12 calendar months from the date received. You will receive a Renewal Invoice one-month prior to your anniversary date.

The Association of Career Firms North America (ACF-North America) reserves the right to request further information from membership applicants for the purpose of confirming the information contained above. Processing your application requires 30-45 days. If you are not accepted for membership, your payment will be refunded less a \$50.00 administrative fee.

Please Mail your Completed Application and Check (payable to ACF-North America) to:

Ms. Celeste M. Calfe, CMF

President

ACF-North America

PO Box 375

Natrona Heights, PA 15065-0375

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