



NONPROFIT EXECUTIVE DIALOGUE APPLICATION

Application Date: _____

1. Applicant Name: _____

2. Applicant Title/Position: _____

3. Business Name _____

4. Business Address: _____

5. Business Phone: _____ Fax: _____ Email: _____

6. **Description of Business:**

Describe services, types of customers, geographic areas served and type of business facility.

7. Number of Employees: _____ 8. Year Business Formed: _____ 9. Annual Budget

9. Years of nonprofit/management experience:

10. Why are you interested in Nonprofit Executive Dialogue; what do you hope to gain?

11. What strengths do you feel you can bring to an Executive Dialogue?

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 acknowledge 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. Contact Marna at 518.431.1421 with any questions.