

AMCF has eight membership categories. To insure that the members of AMCF reflect the highest standards of the profession, all prospective members must agree to adhere to the Code of Ethics and have at least a two-year business history. *The Start-Up Category is an exception to both rules given the somewhat short history of such firms. However, AMCF expects proper professional behavior from all members, even from early stage companies.*

- **START-UP CATEGORY**
Gross billings under \$ 1,000,000
Annual dues: \$ 1,000
- **CATEGORY A**
Gross billings over \$ 1,000,000 and under \$ 10,000,000
Annual dues: \$ 5,000
- **CATEGORY B**
Gross billings over \$ 10,000,000 and under \$ 25,000,000
Annual dues \$ 7,500
- **CATEGORY C**
Gross billing over \$ 25,000,000 and under \$ 100,000,000
Annual dues: \$ 10,000
- **CATEGORY D**
Gross billing over \$ 100,000,000 and under \$ 250,000,000
Annual dues: \$ 15,000
- **CATEGORY E**
Gross billings over \$ 250,000,000 and under \$ 500,000,000
Annual dues: 20,000
- **CATEGORY F**
Gross billings over \$ 500,000,000 and under one billion
Annual dues: \$30,000
- **CATEGORY G**
Gross billing \$1 billion plus
Annual dues: \$45,000

Membership in AMCF is possible in several ways. Firms may join through their headquarters, or a regional or country unit may join AMCF directly. In other instances, a service or industry practice (e.g., the strategy or health care practice) will be the member. Membership is global and includes all employees of the member company. Dues, therefore, are calculated based on revenues for the entire consulting entity.

Yes, our firm will join as Members in the

Association of Management Consulting Firms

We will join at the: Start-Up Category
 Category A Category B Category C Category D
 Category E Category F Category G Category N

DATE

NAME OF FIRM

NAME OF PARTNER OR OFFICER SUBMITTING APP

TITLE

ADDRESS

CITY STATE ZIP COUNTRY

PHONE FAX

EMAIL

CORPORATE HEADQUARTERS ADDRESS

(if different than address above)

ADDRESS (cont.)

CITY STATE ZIP COUNTRY

PHONE

FAX

WEB ADDRESS

➤ Year in which your firm was organized:

➤ Number of full-time, permanent consultants on your staff: _____

➤ Total number of employees in your firm's consulting operation: _____

➤ List annual gross revenues for consulting services by year for the last three years (in U.S. Dollars):

Year _____ \$_____ Year _____ \$_____

Year _____ \$_____

Leadership, Expertise & Professionalism

► Please attach any copies of your firm'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 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 on the assignment. (*Minimum of 2 required for Start-Up Category*)

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

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

► If your firm 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 firm 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 and On-Boarding 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) 262 3054 or e-mail: info@amcf.org

Mail to:

AMCF

**370 Lexington Avenue, Suite
2209**

New York, NY 10017 USA

**\$95 for Start-Up Category*