



Institute of Certified Business Counselors

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18615 Willamette Drive, West Linn, OR 97068

Referred by _____
Experience _____
Education _____
References _____

MEMBERSHIP APPLICATION

Name (Mr. Mrs. Ms. Dr. Other _____) _____
circle preference first middle last suffix

Date of Birth _____ Gender: M F

BUSINESS

Firm Name _____ Position/Title _____
Street/POB _____ City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____ Email _____
Website _____

RESIDENCE

Street/POB _____ City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____ Email _____
Spouse's Name _____
Preferred mailing address: Business Residence

BUSINESS ACTIVITIES

	# Years	% of Time		# Years	% of Time
Accounting	_____	_____	Legal Counsel	_____	_____
Business Brokerage	_____	_____	Loan Facilitation & Packaging	_____	_____
Business Consulting	_____	_____	Machinery & Eqp Valuation	_____	_____
Business Turnarounds	_____	_____	Management Advisory Services	_____	_____
Business Valuation	_____	_____	Mergers & Acquisitions	_____	_____
Financial Planning	_____	_____	Real Estate Leasing & Sales	_____	_____
Intermediary/Finder	_____	_____	Strategic Planning	_____	_____
Investment Banking	_____	_____	Technology Consulting	_____	_____

Geographic Area Served _____

PROFESSIONAL LICENSES

Licenses	States Approved
Appraisal _____	_____
CPA _____	_____
Insurance _____	_____
NASD _____	_____
Real Estate _____	_____
Technology _____	_____
Other _____	_____

ASSOCIATION MEMBERSHIPS

Professional Association	Designations Awarded
_____	_____
_____	_____
_____	_____

Have you ever been subjected to a disciplinary action by a state licensing body or had any business or professional licenses revoked or suspended? _____

Have you ever been declared by a court of competent jurisdiction to have committed an act of negligence, fraud or dishonesty? _____

Have you ever been charged or convicted of a felony? _____

Are any lawsuits pending against you? _____

