

Small Strategies Strategy Group Membership Application

Name: _____
Title: _____
Company: _____
Address: _____
City/State/Zipcode: _____
Phone: _____ Fax _____ Cell: _____
Company website address: _____
E-mail: _____

Business Description:

Write a brief description of your business. Include products or services. Goals. Issues.

Brief paragraph stating what you hope to gain from participating in a Strategy Group.

Areas of expertise: (i.e. leadership, supervision, management, marketing, finance, HR, manufacturing, other trade specific skills)

Number of employees: Please check one.

- 1-4
 5-10
 11-25
 26-100

Annual Revenue: Please check one.

- Under \$250,000
 \$251,000 - \$500,000
 \$551,000 - \$750,000
 \$751,000 - \$1,000,000

Best time to contact me: _____

Best day of the week to meet: _____

Fees: \$315 per month includes group meeting and lunch, individual coaching session.

First month discount: \$255. Members are asked to commit to one quarter. Membership begins on the quarter. Invoices are sent quarterly on the first of the month: \$885 due February 15 (with first month discount), \$945 due May 15, August 15, and November 15.

Discount if paid annually: \$3200

Confidentiality: Members will be asked to sign a Confidentiality Agreement to protect themselves and other members of the Strategy Group. See attached.

Signature: _____ Date: _____

Submit: small@smallstrategies.com, fax: 480-391-1251, mail: PO Box 14675, Scottsdale, AZ 85267