

SCORE Association Office  
 409 3<sup>rd</sup> Street, SW, 6<sup>th</sup> Floor  
 Washington, DC 20024  
 1/800-634-0245



Chapter Number \_\_\_\_\_

District Number \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP

Name: _____			Social Security Number
Spouse Name (optional) _____			
Street Address	City	State	Zip
Home Phone	Fax	Email	

**BRIEFLY DESCRIBE YOUR PROFESSIONAL BUSINESS EXPERIENCE** [*Can attach a resume or bio*]  
 (Provide supplementary sheets if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently working: Yes  No  If Yes, Full-time  or Part-time

**OPTIONAL:** (*this information is used for statistical purposes only*)

**GENDER:** Female  Male

**ETHNICITY:** Caucasian/White  Black/African American  Hispanic American  Asian American   
 Native American or Alaskan Native  Native Hawaiian or other Pacific Islander  Other  \_\_\_\_\_

**PLEASE RANK YOUR AREAS OF BUSINESS EXPERTISE 1 - 5 (5 being the highest):**

- |  |   |  |
|--|---|--|
| <b>Administrative/Office Support</b> _____4300<br>Administration _____4310<br>Office Management _____4320<br><b>Agriculture</b> _____4500<br><b>Business and Finance</b> _____1300<br>Accounting _____1305<br>Acquisition/Liquidation _____1310<br>Banking _____1315<br>Budgeting _____1320<br>Business Sales _____1325<br>Business Start-Ups _____1330<br>Business Plans _____1335<br>Credit and Collection _____1340<br>Financial Analysis _____1345<br>Franchising _____1350<br>Home Based Business _____1355<br>Insurance _____1360<br>Inventory Control _____1365<br>International Trade _____1370<br>Taxes _____1375<br>Venture Capital _____1380<br><b>Community and Social Service</b> _____2100<br>Non-Profit _____2110 | Public Administration _____2120<br>Public Utilities _____2130<br><b>Construction</b> _____4700<br><b>Education and Training</b> _____2500<br>Day Care/ Nursery Schools _____2510<br>Educational Services _____2520<br>Training _____2530<br><b>Engineering and Architecture</b> _____1700<br>Engineering _____1710<br>Architect _____1720<br><b>Food and Hospitality</b> _____3500<br>Food Services/Restaurant _____3510<br>Hotel _____3520<br><b>Healthcare/Medical</b> _____2900<br><b>Legal</b> _____2300<br>Law/Legal _____2310<br>Leasing _____2320<br>Real Estate _____2330<br><b>Management</b> _____1100<br>Consulting _____1110<br>Government Contracting _____1120<br>Human Resources _____1130<br>Management _____1140 | <b>Media and Entertainment</b> _____2700<br>Media _____2710<br>Publishing _____2720<br><b>Personal Care and Service</b> _____3900<br>Clothing/Apparel _____3910<br>Retail Trade _____3920<br><b>Production</b> _____5100<br>Manufacturing _____5110<br>Material Management _____5120<br>Purchasing _____5130<br><b>Sales</b> _____4100<br>Mail Order _____4110<br>Marketing _____4120<br><b>Technology and Computer</b> _____1500<br>Computer Sys. & Apps. _____1505<br>Data Processing _____1510<br>Electronics _____1515<br>Research/Development _____1520<br>Telecommunications _____1525<br>Internet/E-Commerce _____1530<br><b>Transportation</b> _____5300<br>Automotive _____5310 |
|--|---|--|

Approved for Membership YES  NO

**Signature** \_\_\_\_\_  
 (Chapter Chair or designee)

Foreign Language Skills (Specify) \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_ Speak \_\_\_\_\_

**PLEASE CHECK THE CHAPTER ACTIVITIES THAT INTEREST YOU:**

- |                |                          |            |                          |                       |                          |       |       |
|----------------|--------------------------|------------|--------------------------|-----------------------|--------------------------|-------|-------|
| Administration | <input type="checkbox"/> | Leadership | <input type="checkbox"/> | Public Relations      | <input type="checkbox"/> | Other | _____ |
| Computer       | <input type="checkbox"/> | Marketing  | <input type="checkbox"/> | Seminars/Workshops    | <input type="checkbox"/> |       |       |
| Counseling     | <input type="checkbox"/> | Mentoring  | <input type="checkbox"/> | Volunteer Development | <input type="checkbox"/> |       |       |

**SCORE MEMBERSHIP GUIDELINES**

SCORE suggests that candidates for Membership meet the following guidelines. **Your chapter may have specific additional requirements.**

- Management, administrative, business ownership or professional business experience;
- Knowledge of contemporary business practices;
- Ability to relate to and communicate with SCORE's diverse client base;
- Agree to complete forms necessary to maintain chapter and SCORE Association office records;
- Commit to actively participate in chapter committees, operations and programs, national and chapter counselor training programs.

SCORE Volunteers must also agree to conform to the SCORE Code of Ethics and Conduct, SCORE Association and chapter bylaws, rules and standards. Volunteers are required to annually sign the SCORE Code of Ethics and Conduct. Your chapter will provide you with a copy of these documents.

**STATEMENT OF UNDERSTANDING AND CERTIFICATION**

I understand that SCORE has a 90-day introductory period, during which I will receive orientation and training and that my full participation as a SCORE Volunteer is contingent upon my satisfactory completion of this training.

I may withdraw my membership at any time upon written notice to the chapter chair. I understand SCORE may terminate my membership, if I fail to fulfill my responsibilities as a SCORE Volunteer.

[Any material developed while in SCORE belongs exclusively to the SCORE Association unless otherwise agreed to by the SCORE Association and other party.](#)

I certify that all of the statements on this application are true and complete to the best of my knowledge and belief.

**Signature of SCORE Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Non-Discrimination Policy:** It is the policy of SCORE to afford equal opportunities to all applicants for membership on the basis of individual qualifications, without regard to race, color, religion, gender, age, national origin, physical or mental disabilities unrelated to SCORE membership requirements.

**TO BE COMPLETED BY THE CHAPTER**

Date Approved for Membership	Chapter Number	Chapter Location	District Number
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**Chapter Chair or Designee** (signature): \_\_\_\_\_ **Date** \_\_\_\_\_

**SCORE District Director** (signature if appropriate): \_\_\_\_\_ **Date** \_\_\_\_\_