



## Business Advisory Council Request for Counseling

### Contact Information

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Business/Company Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone:(     ) \_\_\_\_\_

Cell:(     ) \_\_\_\_\_

Fax:(     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Website URL: \_\_\_\_\_

### Council Use

Lead Counselor:

\_\_\_\_\_

Co-Counselor(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Business Information

Are you currently in business? Yes  No

If yes, start date:    /    /

If no, planned start date:    /    /

What is your business type? Sole Prop.  Partnership   
Corp.  S-Corp.  LLC  Non Profit

What is your industry? \_\_\_\_\_

How many employees including self? \_\_\_\_\_

Are you a Morrisville Chamber member? \_\_\_\_\_

What specific goal(s) would you like help with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Disclaimer & Signature

I hereby request counseling from the Morrisville Chamber of Commerce's Business Advisory Council (the "Council"). I understand that the Council is comprised of volunteers who desire to serve member companies of the Chamber, and that the Council may, in its sole discretion, decide whether to extend its services to my company. I do not have to rely on any advice or recommendations I receive from a member of the Council, and I waive any and all claims against the Morrisville Chamber of Commerce, the Council and all members of the Council. I also agree to cooperate should I be selected to participate in a survey designed to evaluate the Council's services.

\_\_\_\_\_

Signature of Applicant:

\_\_\_\_\_

Date of signature:

Phone: 919-463-7150

Fax: 919-380-9021

E-mail: morrisvillemcbac@gmail.com