



THE POWER OF INCLUSIVE LEADERSHIP

Membership Application

ELC MEMBERSHIP CRITERIA: Senior-Level African-American Executive

- Three levels from the Enterprise CEO
- Fortune 500 Company or Global Equivalent (Annual Revenues \$3B)
- Operational responsibilities

REQUIREMENTS: Please attach an updated resume/bio with a photo and 2 recommendation letters from current ELC members

MEMBERSHIP DUES: Annual Corporate Membership Dues – \$5,000

GENERAL INFORMATION

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Fax Number: _____

Business E-Mail Address: _____

Personal E-Mail Address: _____

Cell Phone: _____

(Optional—Please provide your cell number to facilitate contact with our Membership Selection Committee)

Home Address: _____

City/State/Zip Code: _____

Optional: Birthday ____ Mo ____ Day ____ Yr Male Female

CAREER PROFILE/EDUCATION

(You must attach a current resume/bio)

Your current position is:

- Line
- Staff

You report directly to:

- CEO (Enterprise) EVP
- President & CEO (Division) SVP
- President Other _____

Describe the reporting structure from your position up to the Enterprise CEO:

Education:

Briefly list educational background, including institutions attended and degrees earned.

Are you a corporate officer/insider?

Circle one: YES NO

Please indicate your current area(s) of functional expertise:

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> General/Corporate Management |
| <input type="checkbox"/> Business Planning/Strategy | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Corporate/External Affairs | <input type="checkbox"/> Program/Project Management |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Sales/Marketing/Advertising |
| <input type="checkbox"/> Diversity/Human Resources | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Financial Management | |

Years with company: _____

Years in current position: _____

Briefly describe the responsibilities of your position:

Directly responsible for:

Annual operating budget of \$ _____

Number of employees: _____

Number of managers: _____

List current professional affiliations and corporate board memberships:

CORPORATE PROFILE

Are you in a business unit, a division, or subsidiary of another company? Yes No
 If yes, what is the parent company name? _____ Primary SIC code: _____

Please CIRCLE your corporation's primary industry:			
Aerospace & Defense Agriculture Automotive & Transportation Banking/Financial Services Business Services Charitable Organization/ Foundation	Computer/IT Construction Consumer Products/Services Electronics Energy & Utilities Food & Beverage Health Care/Medical	Hospitality/Travel Housing Human Resources Insurance Legal Manufacturing Marketing/Sales Media & Entertainment	Metals & Mining Pharmaceuticals Professional Services Real Estate Retail Telecommunications Other _____

Briefly describe your company and its products or services:

Your corporation's size: \$ _____ annual revenues	_____ no. of employees
Your business unit size: \$ _____ annual revenues	_____ no. of employees

Your corporation's ranking: _____ within its Fortune 500 industry group _____ on the Fortune 500 list

Are there African-Americans on your company's corporate board? Yes No

If yes, please list name(s): _____

Are you the highest ranking African-American at your company? Yes No

List name(s) and title(s) of African-American at your rank or higher.
 1. _____ 3. _____
 2. _____ 4. _____

OTHER INFORMATION

Please list any life experience & community service relevant to the Council's mission: _____

List any government involvement or political appointments such as commission/committee positions, advisory roles, etc.

How did you learn about the ELC? _____

Please list 2 current ELC members who may serve as references (be sure to attach letters of recommendation):
 Name _____ Name _____
 Company _____ Company _____

Is there any other information you feel would be helpful to our Membership Selection Committee? _____

Signature _____ Date _____