

APPLICATION INSTRUCTIONS ♦ 2009 NEW MEMBER PROGRAM ♦ MARCH 22-29

Please complete the entire application to allow the Membership Selection Committee to gain as full an understanding as possible of your abilities, accomplishments and commitments. Because the selection process is highly competitive, we encourage you to answer all questions fully and thoughtfully. You may complete your application online at www.sibf.org/application.html. If you prefer, you may complete the attached application. Please print or type your answers and limit them to the space provided. All application materials submitted by, or on behalf of, an applicant, will be kept strictly confidential within the realm of the Membership Selection Committee. SIBF will create a biographical profile based on information from the application; these profiles will be shared with other members of your class as well as the membership at-large in the SIBF Membership Directory.

To be considered for acceptance into the SIBF Class of 2009, your completed application and the following materials must be received by the deadline indicated.

- **Three letters of recommendation** from individuals having direct knowledge of your qualifications and character, including *one from an SIBF member*. These letters should describe the nature and length of the relationship with you and, to the extent possible, address your character, accomplishments within your organization, industry and community, and your involvement internationally. The completed letters should be addressed to the SIBF Membership Selection Committee and either submitted with your application or mailed directly to SIBF by the individuals providing your recommendations. *Applications without letters of recommendation will not be considered.*
- A **recent, digital photo** to be published in the selection manual and the SIBF Member Directory if accepted for membership. Email digital photo (minimum 300 dpi) to susan.folds@sibf.org.
- A non-refundable **processing fee of US\$200.00** is required with each application. *Please enclose payment to the Society of International Business Fellows (check, credit card or bank wire).*

Questions concerning the selection process should be directed to SIBF Membership Manager Susan Folds at 404.525.7423.

FEES

Tuition for the 2009 New Member program fee is US\$12,975. The fee will include program tuition (course materials, educational expenses, intra-country airfare, scheduled group meals and hotel accommodations) and 2009 member dues. Charges for airfare to and from China, passport and/or visa fees, incidental expenses and meals during scheduled free time are not included.

A **non-refundable** deposit of \$5,000 is *due upon notification of acceptance*. Your program fee balance is due no later than January 23, 2009. In the event of withdrawal from the program for any reason after the full balance has been received, a letter of explanation should be sent to the SIBF office immediately. SIBF will refund the portion of the program fee that can be recovered once the final accounting has been completed.

Please note: Applicants desiring protection against potential emergencies are encouraged to consider purchasing trip cancellation insurance. Such insurance must typically be purchased within one week of initial program registration. Contact Travel Guard (www.travelguard.com) for a rate quote at 1.800.826.1300 (SIBF Group Code 109018).

COMMITMENT

By completing this application, the applicant confirms a commitment to complete the 2009 SIBF New Member Program, March 22-29, in its entirety. Membership in the Society is contingent upon successful completion of the program. The Society requires participation in all New Member Program events and reserves the right to withhold membership from any participant who does not comply. Spouses, family members or other guests are not permitted to attend the New Member Program, but are encouraged to attend all other SIBF programs and events.

PLEASE RETAIN THESE INSTRUCTIONS FOR YOUR RECORDS.

2009 SOCIETY OF INTERNATIONAL BUSINESS FELLOWS APPLICATION

Answer questions fully and accurately. Please **print or type** all responses and limit your replies to the space provided. **Do not attach or substitute a resume for this application.**

BUSINESS

Name (Last, First, Middle)	Familiar Name
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Business Title/Position	Company
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Business Address	City, State, Postal Code, Country
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Business Telephone <i>(include country / city codes if outside the U.S.)</i>	Business Fax Number
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E-mail Address	Company Web site Address
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Administrative Contact Name <i>(Executive Assistant, Administrative Assistant, etc.)</i>	Administrative Contact E-mail/Phone
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List name(s) of SIBF Member(s) who nominated you for membership.

List other SIBF Member(s) you know, either through business or socially, and indicate level of acquaintance.

PERSONAL

Home Address	City, State, Postal Code, Country
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Home Telephone <i>(include country / city codes if outside the U.S.)</i>	Cell Phone
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Spouse Name	Name(s) of child(ren)
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Spouse E-mail Address	Applicant Date of Birth (Month/Day)
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List hobbies and personal interests.

List any languages that you speak other than English (include degree of proficiency: *basic, conversational, advanced, fluent*).

BUSINESS INFORMATION

Provide a description of your current or most recent business (e.g., Manufacturer of machine tools, Accounting, Software development for utility management, etc.).

Describe your specific responsibilities in your current or most recent position.

Describe your current or most recent business' international involvement. List countries where your current or most recent business is active.

List countries where you have business contacts.

What amount of time do you spend abroad per year?

What percentage of your current or most recent business is international? (Specify by revenues or by assets.)

Please select the category that best describes your current or most recent business:

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Investment Management/Venture Capital |
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Law |
| <input type="checkbox"/> Architecture/Interior Design | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Arts/Entertainment | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Non-Profits |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Oil/Gas |
| <input type="checkbox"/> Contract Services | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Private Investor |
| <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Data Services | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Real Estate/Construction/Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Security |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Telecommunications/Technology |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Training |
| <input type="checkbox"/> Executive Search | <input type="checkbox"/> Transportation/Logistics |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Government | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Hospitality | _____ |
| <input type="checkbox"/> Banking | _____ |
| <input type="checkbox"/> Imports | _____ |
| <input type="checkbox"/> Insurance | _____ |
| <input type="checkbox"/> International Trade | |

Please list your work history for the last ten years beginning with your most recent position first.

Dates	Employer	Position	Nature of Business	# of Employees and Annual Revenues

**If more space is needed for this section, please attach a separate sheet.*

EDUCATION

Name and Location of College/University	Degree/Year	Area of Study
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Name and Location of Graduate School	Degree/Year	Area of Study
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INDUSTRY INFORMATION & ACHIEVEMENTS

Please select the areas in which you have significant expertise.

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|---|--|
| <input type="checkbox"/> Accounting/Tax | <input type="checkbox"/> International Trade |
| <input type="checkbox"/> Acquisitions/Dispositions | <input type="checkbox"/> IPOs |
| <input type="checkbox"/> Angel Capital | <input type="checkbox"/> Joint Ventures |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Law – Corporate |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Law – Immigration |
| <input type="checkbox"/> Change Management | <input type="checkbox"/> Law – Tax |
| <input type="checkbox"/> Contract Negotiations | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Crisis Management | <input type="checkbox"/> Licensing |
| <input type="checkbox"/> Customer Relationship Management | <input type="checkbox"/> Market Entry and Expansion |
| <input type="checkbox"/> Deal Structuring | <input type="checkbox"/> Marketing/Communications |
| <input type="checkbox"/> Economic & Community Development | <input type="checkbox"/> Organizational Infrastructure |
| <input type="checkbox"/> Environmental Issues | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Government Affairs | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Importing/Exporting | <input type="checkbox"/> Supply Chain Management |
| <input type="checkbox"/> Information/Knowledge Management | <input type="checkbox"/> Travel Planning |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Internet Strategies | _____ |

List any organizations of which you are a member (professional and educational).

List achievements and awards (professional and educational).

List civic and community activities, recognition and awards.

SIBF EXPECTATIONS

What do you expect from participating in the SIBF New Member Program?

What do you expect to gain from being a member of SIBF?

If you are selected, will you attend the SIBF New Member Program in its entirety and participate in SIBF on an ongoing basis?

LETTERS OF RECOMMENDATION

Three letters of recommendation are required from individuals with direct knowledge, preferably longstanding, of your qualifications for and commitment to the Society of International Business Fellows. *A current member of SIBF must write one of the letters.* Please list below the name and telephone number of each person providing your letters of recommendation. These letters should be addressed to the SIBF Membership Selection Committee and either submitted with your application or mailed directly to SIBF by the individuals providing your letters of recommendation. **You are responsible for receipt of these letters by SIBF. Applications without letters of recommendation will not be considered.**

Recommender #1 (Name and Telephone Number)

Recommender #2 (Name and Telephone Number)

Recommender #3 (Name and Telephone Number)

CERTIFICATION

I understand that membership in the Society of International Business Fellows requires my active participation, and admission into the Society does not occur until notified by SIBF. I certify that all statements made in this application are true, complete and accurate to the best of my knowledge and belief and made in good faith. I understand that items contained herein may be independently verified. I accept these terms as a condition of my acceptance for membership in SIBF.

I understand that a non-refundable deposit of \$5,000.00 of the program fee is due and payable upon notification of acceptance. The remaining balance of the program tuition fee is due January 23, 2009. In the event I must withdraw from the program for any reason after the full balance has been received, I will send a letter of explanation to the SIBF office immediately. I fully understand that only the portion of the second installment that SIBF is able to recover on my behalf will be returned after the final accounting for the program has been completed.

WAIVER AND RELEASE OF LIABILITY

Should I, the undersigned individual, become or continue to remain a member of Society of International Business Fellows, Ltd., a Georgia non-profit corporation ("SIBF"), through the acceptance and approval of my application for membership, in consideration of the acceptance of my new or renewal application for membership in SIBF, I hereby waive all rights which I may now have or which may accrue in the future against SIBF, its respective chapters, directors, officers, employees and members (collectively, the "SIBF Representatives") and I hereby release and discharge SIBF and the SIBF Representatives from, and agree to indemnify and hold SIBF and the SIBF Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively, the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, personal representatives, successors and assignees ever had, now have or hereafter shall or may have, resulting from or arising in connection with my membership in SIBF, any activities, functions or events sponsored or sanctioned by SIBF or the SIBF Representatives, and administrative actions taken by SIBF or the SIBF Representatives, any orders, communications, directives, or representations made by SIBF or the SIBF Representatives, or my travel to or from, attendance at or participation in any SIBF sponsored or sanctioned event or activity.

I acknowledge that certain legal rights against SIBF or the SIBF Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, I am forever relinquishing those rights against SIBF and the SIBF Representatives. I acknowledge that no promises, representations, or affirmations of fact were made to me by SIBF or the SIBF Representatives concerning membership in SIBF or the safety or danger associated with participation in any SIBF sponsored or sanctioned event or activity and affirm that I have read and understand the foregoing provisions of this waiver and release of liability as a condition of my new or renewed membership in SIBF. I agree that this release and waiver of liability is a continuing agreement and in addition to (and does not revoke or supersede) any other release or waiver of liability that I have previously executed or may from time to time in the future execute in favor of any of SIBF and the SIBF Representatives. I further agree that this release and waiver of liability shall be governed by the laws of the State of Georgia.

PHOTO RELEASE

Unless otherwise stated in writing, SIBF may reproduce my name, spouse's name, company name, contact information and photo or likeness in the SIBF Membership Directory, including a directory on SIBF's private member website. At SIBF's discretion, my photo or likeness may be reproduced in member newsletters and other communications during the term of my membership.

I accept the above stated Certification, Waiver and Release of Liability, and Photo Release statements:

Signature

Date

PLEASE CHECK THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION:

- Sign and date your application form.
- Email a 300 dpi digital photo (head shot) to susan.folds@sibf.org.
- Include a business card.
- Attach or provide information regarding payment of US\$200.00 for application processing.
- Attach or mail separately three letters of recommendation (one from a current SIBF member).

**MAIL THE APPLICATION AND ALL ATTACHMENTS TO:
SIBF Membership Selection Committee
Society of International Business Fellows
191 Peachtree Street NE, Suite 3950
Atlanta, GA 30303-1740
USA**