



NSA-DC SPEAKER ACADEMY APPLICATION

1. Demographic Information:

Name:

Address:

City, State, Zip Code

Company:

Day Phone:

Evening Phone:

Email:

Website:

2. Computer? PC Mac N/A

3. Current Occupation:

4. Areas of Expertise:

5. Are you a member of NSA? Yes No

6. Are you a member of NSA-DC? Yes No

7. Are you speaking professionally now?
Full Time Part Time Rarely Never

8. What type(s) of speaking do you do, or do you intend to do?
Keynote Training Other Facilitation I don't know

9. On what topics do you speak or wish to speak?

10. In what situations have you spoken previously (Toastmasters, business seminars, etc.)?



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11. Have you ever had a mentor before? Yes No
In what capacity?
12. List the names of 3-4 people in NSA-DC who you feel would be a good mentor match for you your interest and needs. We do not guarantee these as mentor matches but use this information to help us know the type of mentor you want/need. Please indicate what it is about each person you list that appeals to you as a mentor. If you do not know anyone, please describe characteristics, skills or knowledge you are looking for in a mentor.
13. What special strengths or skills do you have that we should know about?
14. Do you have any disability that needs special consideration (visual, hearing, physical, etc.)? If so, please explain what special consideration you need.
15. Are you trying to qualify for Certified Speaking Professional (CSP)? How far along are you?
Yes No N/A
16. Have you written/published a book? Please give title and general topic.

Supplemental Questions:

17. Why do you want to be a professional speaker? What motivates you?



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18. Have you ever had your own business?

Yes No

What is (was) the business?

19. What qualities or experiences do you have that would help you to become a successful business person?

20. What are your career goals, including speaking?

21. Describe your career at present.

22. How far along are you in your speaking career? How much speaking are you doing, and what business tools do you have in place (business cards, business phone, one-sheet, website, brochures, etc.)?

23. How much time are you able to commit to the Speaker Academy and your speaking business on a monthly basis? Experience shows that there is a direct correlation to the amount of time devoted and a successful working speaker.

24. Why do you want to complete the Speaker Academy Program at this point in your career? What changes in the market have you encountered recently, have you changed your topic, etc.?



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25. Why should we choose you for this program instead of someone else?

26. What demands or responsibilities do you have in your life that pull your time and energy in a direction apart from your commitments to this program? (Be realistic. This is a question as much for you as it is for us).

27. Would you commit time and resources to attending a minimum of one of the three to four annual NSA events? Registration and travel are at your additional expense. These NSA events include Influence, Winter Workshop, specialty labs, etc. Discuss your plans.

28. Please list the names and telephone numbers of two or three people who know you well whom we can call as a reference. This is not a reference for how good a speaker you are, but rather a reference for your interest in and commitment to a speaking career.

If accepted, I agree to complete the monthly homework and the program requirements by the end of the 12-month program.

Signature

Date

NSA-DC Member Referral

If applicable, please provide the full name of the NSA-DC member responsible for you submitting your Speaker Academy application: