

**MEMORIAL WOMEN'S BUSINESS NETWORK**  
Membership Application Form

Your Name: \_\_\_\_\_ Your Sponsor's Name: \_\_\_\_\_  
(Attach Sponsorship Form)  
Business Name: \_\_\_\_\_ Category: \_\_\_\_\_  
Office/Business Address: \_\_\_\_\_  
Bus Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
Web site: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

**ABOUT YOUR COMPANY —**

Your Title and Responsibilities: \_\_\_\_\_  
Description of your Business: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Sales Volume Last Year: \_\_\_\_\_  
Years at this Job: \_\_\_\_\_ Years in Current Industry: \_\_\_\_\_

**ABOUT YOU —**

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Month/Day Only)

Education / Professional Designation(s): \_\_\_\_\_  
Other Memberships: \_\_\_\_\_  
Volunteer Activities including contribution to the community: \_\_\_\_\_  
Why do you want to be a member of MWBN? \_\_\_\_\_  
What can you give to the group? \_\_\_\_\_  
What do you expect to receive from the group? \_\_\_\_\_  
Describe your ideal client(s): \_\_\_\_\_  
Describe your ideal referral partner(s): \_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_\_  
Have you filed personal/professional bankruptcy in the last 10 years? \_\_\_\_\_

I hereby apply for membership in Memorial Women's Business Network. I have read and understand the bylaws of the organization and agree to abide by them should membership be granted.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This application is not complete without a current resume / bio and a check for \$150, payable to Memorial Women's Business Network. Annual dues are non-refundable unless your application for membership is declined.**