

MEMORIAL WOMEN'S BUSINESS NETWORK
Membership Application Form (Attach Sponsorship Form)

Your Name: _____ Your Sponsor's Name: _____

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/Occupation: _____ Years in Current Industry: _____

ABOUT YOU —

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 \$180 good for one year, payable to Memorial Women's Business Network. Annual dues are non-refundable unless your application for Membership is declined.