WWiB Membership Application

WHATCOM WOMEN IN BUSINESS
LEADERSHIP PROFESSIONALISM MENTORING

Company Name: _____

Name: _____ Title: _____

Business Address: _____

Business Phone: _____ Fax: _____

Email: _____ Business Website: _____

Residence Address: _____

Residence Phone: _____ Cell: _____

How long in: Present Business? _____ Related Business? _____

How many hours average do you work a week? _____

Description of Business: _____

_____

Description of Title: _____

_____

Description of Ownership:
____ Sole Proprietorship
__ Partnership
____ Corporation
___ Franchise
____ Non-Profit
___ Other: _____

Are you a member of any other organizations/associations? _____

_____

Why would you like to join WWiB? _____

_____

Will you be able to attend 90% of the meetings or better? _____

Name of WWiB Member who is your sponsor: _____

Which two WWiB meetings did you attend? _____

What committee would you like to be on? (*Visit our website for committee lists and upcoming projects)* _____

Please provide three business references:

1. Business Name: _____
   Contact: _____
   Phone: _____
   Email: _____
2. Business Name: _____
   Contact: _____
   Phone: _____
   Email: _____
3. Business Name: _____
   Contact: _____
   Phone: _____
   Email: _____

These statements are true to the best of my knowledge.

Signed: _____

Approved Date: _____
V.P. Membership Chair: _____
Called: _____
Paid: _____
Notes: