

Women's Business Network Application

Name: _____ Date: _____

Title: _____ Business Name: _____

Address: _____ City: _____ Zip: _____

Business Phone: (_____) _____ (Optional) Home Phone: (_____) _____

(Optional) Cell Phone: (_____) _____ Fax Number: (_____) _____

E-Mail Address: _____ Referred by: _____

(Optional) Home address: _____

Three Business References who have known you for at least three years:

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Primary Business Name and Description (describe your business in depth): _____

List of Products to be promoted: _____

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- *By submitting this application I commit, if accepted, to becoming a productive member of the WBN.*
 - *I commit to attending the weekly meeting on a regular basis, missing only in urgent situations.*
 - *I commit to being an advocate of this group and helping to create a positive, uplifting environment.*
 - *If I have any challenges with a member of the group I will address those in a professional manner.*
 - *I commit to proactively generate quality outside leads for the members of the group.*

I hereby apply for membership to Women's Business Network, subject to the approval of the Board of Directors, and any members whose primary business categories will be impacted by my membership. By submitting an application for membership to the Women's Business Network (the "Association"), you are granting the Association permission to take any and all actions which the Association deems necessary to verify the accuracy and truthfulness of the information contained in your application. You agree that the Association may contact the references contained in your application and that any information provided by such references may be used by the Association in its decision to approve or deny your application for membership.

Signed _____

Date _____

Board approval: _____

Date: _____