

**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 \$120, payable to Memorial Women's Business Network. Annual dues are non-refundable unless your application for membership is declined.*