WWiB Membership Application

WHATCOM WOMEN IN BUSINESS
LEADERSHIP PROFESSIONALISM MENTORING

Company Name: _____

Name: _____ Title: _____

Business Address: _____

Business Phone: _____ Fax: _____

E-Mail: _____ 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
___ Corporation
___ Non-Profit
__ Partnership
__ Franchise
__ 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: _____

Date: _____

Application Received: _____
Approved Date: _____
V.P. Membership Chair: _____
Called: _____
Paid: _____
Name Tag: _____
Binder: _____

- Mail to: WWiB P.O. Box 1773, Bellingham, WA 98227
- Upon approval, please submit a photo and a paragraph bio for our directory and website, to our membership chair.