



Women In Business Connecting Membership Application Form

First Name: _____

Last Name: _____

Company: _____

City: _____

Postal: _____

Phone: _____

Fax: _____

E-mail Address: _____

Website Address: _____

Membership Type:

New

Renewal

Membership Information:

Membership runs one year from the date you joined. The cost for membership is \$60.

Please sign me up for a membership with Women In Business Connecting.

Method of Payment: Cash (*we only accept cash at the moment*)

Categories For The Business Directory: 1. _____

2. _____

Signed: _____
Applicant

WIBC USE ONLY

Membership Expires: _____ / _____ / _____
mm dd yyyy

MEMBER'S AGREEMENT AND RELEASE:

I agree to abide by the principles and policies of Women In Business Connecting. I agree not engage in any form of discrimination, harassment, derogatory, illegal, or unethical conduct, and I understand that if I engage in such conduct, I will be asked to renounce my membership.

By submitting this application, I agree to the collection, use and processing of the personal information I provide to Women In Business Connecting for the purposes of administration, payment of my fees, and inclusion of my contact information in the members' directory that will be available on the web and distributed to members of Women In Business Connecting.

Please fax your membership application to 905-713-3463