

**THE WOMEN'S COMPANY ("TWC")
NEW MEMBER APPLICATION**

APPLICANT'S NAME: _____

DATE OF APPLICATION: ____ / ____ / ____

We are pleased that you are interested in becoming a member of The Women's Company ("TWC").

- (1) Application must include a check payable to 'TWC' for Annual Dues. Send your check and a copy of your application to one of your sponsors. Your sponsor will then forward your application with your check to the Membership Chair. All applications are reviewed by the Membership Chair and, thereafter, forwarded to the Executive Board for review. The Applicant and Sponsors shall be notified as soon as possible of the Executive Board's decision.
- (2) Upon approval, Applicant and Sponsors must attend the TWC orientation as soon as possible from the date the application was approved.

UPON COMPLETION OF STEPS 1-2, APPLICANT SHALL THEN BECOME AN OFFICIAL TWC MEMBER

Applicant must complete the following information, please print.

First Name: _____ Last Name: _____

Address: _____ City _____ State/Zip ____/____

Phone:(____)____-____ Birthday: Month: _____ Day: _____ **exclude Birth year**

Email Address: _____

If Retired or Working, type of Business or Profession _____

Interests & Hobbies: _____

Criteria for Membership:

1. At least 21 years of age and a professional woman or of independent means
2. Sponsored by 2 TWC Members that are in good standing.
3. Applicant must know at least 1 sponsor for at least 1 year.
4. Applicant must have attended 2 TWC events within 12 months prior to submitting application.

If approved for membership, the Applicant agrees, acknowledges and understands the following:

- (1) Applicant agrees to honor the terms and conditions of TWC (this includes policies, procedures, rules and regulations).
- (2) Applicant shall allow TWC to add Applicant's information (name, address, phone # and email address) to the TWC Directory. Applicant shall not use the TWC Directory as a marketing tool and for her personal use. The TWC Directory is a private and confidential list of our members and must be protected and will not be sold, borrowed, or given out to anyone outside of TWC and/or any other organization.
- (3) Applicant is highly recommended to serve on a TWC Committee at least once during her first year.

I agree to the information listed above and certify that the information I provided is true and accurate.

_____/_____/_____
Applicant's Name (print) Applicant's Signature Date

Please share the following with us:

1. What would you like members to know about you? Include any work experience.

2. Why do you want to join TWC and what skills can you contribute to the organization (accounting, event planning, computer skills, board experience, etc.)?

Thank you, again, for your interest in The Women's Company.

APPLICANT'S SPONSORS:

I have read and understand the qualifications for membership. By sponsoring this Applicant for membership in The Woman's Company (TWC), Sponsors agree to attend the orientation meeting with the Applicant. I certify that I have known this Applicant for at least 1 year. I acknowledge and agree to vouch for the Applicant's integrity and character.

#1 Sponsor:

Name (print) Sponsor's Email Address Time known Applicant

#2 Sponsor:

Name (print) Sponsor's Email Address Time known Applicant

Below are the 2 TWC events Applicant attended as a guest within a 1-year period:

1. Date: ____/____/____ Name of TWC Event: _____

2. Date: ____/____/____ Name of TWC Event: _____

For Board use only:

Approved By: _____ Date: ____/____/____

Denied By: _____ Date: ____/____/____

Notes / Comments:
