



FOR COMMITTEE USE ONLY

Accepted _____

Informed _____

Billed _____

Paid _____

Membership Application

Network of Executive Women addresses the common business interests and issues of women in executive, professional and enterpreneurial roles through the exchange of ideas, information and experience. The information contained herein is for use of the Membership Committee and Board of Directors of Network of Executive Women. No personal information contained in this application shall be released or used for other than internal purposes without specific consent. Membership is limited by the ByLaws to women in management, professionals and entrepreneurs who are involved in decision and policy making for their respective companies. [Applicant must be sponsored by a Network member and attach a signed "Application Cover Sheet"](#) All applications are subject to the review and approval by the Board of directors. The Board may contact your sponsor as your application is considered

Name: _____

Company Name: _____

Position/Title _____

Business Address: _____

City State and Zip: _____

Business Telephone: _____

E-mail: _____

Fax: _____

Website: _____

Years With This Company: _____

In this Position: _____

FOR INTERNAL USE ONLY:

Home Address: _____

City, State, Zip: _____

Home Phone: _____

EMERGENCY CONTACT INFO:

Name: _____

Phone: _____

Relationship: _____

FOR INDEXING ON THE WEBSITE AND IN THE MEMBERSHIP DIRECTORY, PLEASE CHECK THE ONE CATEGORY THAT BEST DESCRIBES YOUR BUSINESS.

- Business Services
- Coaching
- Community Services
- Computers & Internet
- Education & Instruction
- Entertainment & Arts
- Food & Dining
- Health & Medicine
- Home & Garden
- Honorary Member/Retired
- Insurance
- Legal & Financial
- Personal Care
- Printing & Graphics
- Publishing
- Real Estate
- Recreation & Sports
- Retail Shopping
- Security
- Travel & Transportation

PLEASE INDICATE ONE OR MORE OF THE FOLLOWING COMMITTEES YOU MAY BE WILLING TO SERVE:

- Activities
- Historian
- Marketing
- Membership
- Newsletter
- Programs
- Publicity
- Scholarship
- Sunshine
- Website

Please describe in your function with the business/agency/organization and your managerial responsibilities and supervisory function. If desired, you may attach a copy of your recent resume



Formal Education (degrees, schools attended): _____

Other Education: (seminars, continuing education, special training) _____

Professional Groups/ Affiliates: (civic or business related) _____

What contributions of professional business expertise could you offer to the Network? _____

What do you hope to get out of your Network membership in the coming year? _____

Signature _____ Date _____

Sponsored by: (required) _____

Please submit this application with a check in the amount of \$60. payable to Network of Executive Women.

PLEASE MAIL TO:

Network of Executive Women
P.O. Box 3171
Milford, CT 06460

PLEASE NOTE: Because our membership year is July 1st through June 30th, applications received between January 1st and June 30th are discounted to \$30. (In case of non-approval, your uncashed check will be returned.)

Payment of membership dues is deductible for most Network members as an ordinary business expense. Contributions or gifts to Network are not deductible as charitable contributions for federal income tax purposes. You should check with your own tax professional to determine whether payment of your dues constitutes a business deduction under your particular circumstances.)