



Whatcom Women's Network Membership Application

Name: _____ Business Name: _____

Profession/Business Type: _____

Business/Mailing Address: _____

Phones: Office: _____ cell: _____ home: _____

E-Mail: _____ Website: _____

How did you discover our group? _____

Member Sponsor: if any _____

Years in business _____ Full or Part time? Please describe: _____

References: Please list two or three local business contacts whom we may call:

1. Name _____ best contact phone(s): _____

How do you know this person? _____

2. Name _____ best contact phone(s): _____

How do you know this person? _____

3. Name _____ best contact phone(s): _____

How do you know this person? _____

Licensing: Does your business or profession require a license or special certifications?

If so, please list those that you have _____

Memberships: Are you a member of any other networking groups or professional organizations? If so, please list: _____

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Attendance: Will you be able to reserve time in your business schedule to commit to regularly attending lunchtime meetings each week? _____

If no, please see Director to discuss.

Networking: Are you willing to keep other's business cards, and to talk about other member's businesses to people you meet? _____

Presentations: Are you willing to give presentations about your business or profession in front of the group, and to work on improving your public speaking skills? _____

Notes: Is there anything additional you'd like to tell us about yourself or your business as we consider your application? _____
