



APPLICANT INFORMATION

Title:		Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Cell/Alt:	Fax:

BUSINESS INFORMATION

Current employer:		
Employer address (if different):		How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:	Business Category:	

DESCRIPTION OF BUSINESS

Please describe your business:

CORE PROFESSION CATEGORY

INTERVIEW QUESTIONS

What special qualities/skills do you have to contribute to the group?

What other networking/social groups are you currently a member of or have you been a member of in the past?

How did you hear about Women Connecting Women?

Are you willing to take on a leadership role in the group? Yes/No If yes, please specify:

President	Treasurer	Secretary	Membership Coordinator	Event Planner	Other

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
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Non-Refundable Annual Membership Fee: \$100

- Cash
- Check