

## WIN IV MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Birthday (MM/DD): \_\_\_\_\_ Wedding Anniversary (MM/DD/YY) \_\_\_\_\_

**The purpose of WIN IV is to support and assist each other in our sales and business development. We never compete with each other. Each member is allowed to represent only one service or product within WIN IV. Therefore, the category of membership to which you apply is the only business/service/product that you can promote within the group.**

Please describe your service/product/business as fully as possible : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been in business? \_\_\_\_\_ Full time or part time \_\_\_\_\_

Which category of business do you wish to represent within WIN IV? \_\_\_\_\_

In what other networking groups are you a member? \_\_\_\_\_

Describe your involvement in the community/board of directors

\_\_\_\_\_

\_\_\_\_\_

Who referred you to WIN IV? \_\_\_\_\_

Note: A \$25 Membership Application Fee must accompany your application. This fee is non-refundable. Annual dues are \$75.00. A pro-rata amount will be charged new members who join mid-year. The completed application must be received within 7-days of a meeting. You must attend two (2) meetings before you may apply for membership. Submit completed application and \$25.00 fee to: Amanda Vandervort 807-1781.