

**WomenNnetworking  
Membership Application 2010**

Today's Date: \_\_\_\_\_ Enrollment Date (WNN entry Only) \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone Numbers

Office \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Company Website \_\_\_\_\_

Business Name \_\_\_\_\_

Business Type \_\_\_\_\_

Your Position/Title \_\_\_\_\_

Business Description:

\_\_\_\_\_

How long have you been with your current company? \_\_\_\_ Years \_\_\_\_ Months

How long have you been in this industry? \_\_\_\_ Years \_\_\_\_ Months

Secondary Business & Description \_\_\_\_\_

Special interests/hobbies

\_\_\_\_\_

How did you hear about WNN?

\_\_\_\_\_

Why do you want to join WNN? \_\_\_\_\_

\_\_\_\_\_

Would you consider being part of WNN's leadership team?

Yes\_\_\_ No\_\_\_

Would you like to be listed on the WNN's website?

Yes\_\_\_ No\_\_\_

What do you expect from WNN? \_\_\_\_\_

\_\_\_\_\_

Other networking group's you belong to? \_\_\_\_\_

Please use the back of this application for any additional information you would like WNN to know about you and/or your company.

Visit our website **[www.womenNnetworking.com](http://www.womenNnetworking.com)** for more information.