



MEMBERSHIP APPLICATION

Business Information

Business Name _____

Business Address _____

City _____

State _____

Zip _____

Business Entity Type:

C-Corp

S-Corp

Sole Proprietor

LLC

Other

Business Phone Numbers:

Office _____

Cell _____

Fax _____

Email Address _____

Website _____

Personal Information

Member's Full Name _____

Home Address _____

City _____

State _____

Zip _____

Personal Phone _____

OFFICE USE ONLY

Date Application Received _____

Date Application Reviewed _____

Date Application Accepted _____

Date Dues Paid (\$80) _____

Total Paid _____

Detailed description of your Business – products & services you sell (use back of application if necessary): _____

Check the committees you are interested in serving on (required – please check one):

___ Advertising

___ Community Relations

___ Membership Support

___ Membership

___ Website

___ Interested in being part of the leadership of WEB?

___ Programs/Special Events

___ Nominating

Have you attended one of our meetings yet? Yes No

I accept membership in the Women of Evergreen Businesses (WEB) Association and will comply and abide by the association's Constitution and Bylaws. Furthermore, I confirm that I have received and read a copy of the Constitution and Bylaws.

Signature _____

Date _____

Name & Title _____

If you have any questions about this form or membership, please contact Jeanie Boymel (303) 503-5036 jeanie@trainingwithaltitude.com

Please mail this form within 10 business days with your check payable to Women of Evergreen Businesses, PO Box 1952, Evergreen, CO 80437-1952