



network of executive women

FOR COMMITTEE USE ONLY

Accepted _____
 Informed _____
 Billed _____
 Paid _____

Membership Application

Network of Executive Women address the common business interests and issues of women in executive, professional and entrepreneurial roles through the exchange of ideas, information and experience. The information contained herein is for the use of the Membership Committee and Board of Directors of Network of Executive Women. No personal information contained in this application shall be released or used for other than internal purposes without specific consent. Membership is limited by the ByLaws to women in management, professionals or entrepreneurs who are involved in the decision and policy making for their respective companies. Applicants must be sponsored by a Network member and attach a signed "Application Cover Sheet". All applications are reviewed and approved by the Board of Directors. The board may contact your sponsor as your application is considered.

Name: _____
 Company Name: _____
 Position/Title _____
 Business Address: _____
 City _____ State _____ Zip _____
 Business Phone: _____
 E-Mail: _____
 Fax: _____
 Website: _____
 Birthday (Month/Day) _____

Home Address: _____
 City, State, Zip: _____
 Home Phone: _____

EMERGENCY CONTACT INFO:

Name: _____
 Phone: _____
 Relationship: _____

FOR INDEXING ON THE WEBSITE AND IN THE MEMBERSHIP DIRECTORY, PLEASE CHECK THE ONE CATEGORY THAT BEST DESCRIBES YOUR BUSINESS.

PLEASE INDICATE ONE OR MORE OF THE FOLLOWING COMMITTEES YOU MAY BE WILLING TO SERVE:

- Business Services
- Coaching
- Community Services
- Computers & Internet
- Education & Instruction
- Entertainment & Arts
- Food & Dining
- Health & Medicine
- Home & Garden
- Honorary/Retired
- Insurance
- Legal & Financial
- Personal Care
- Printing & Graphics
- Publishing
- Real Estate
- Recreation & Sports
- Retail Shopping
- Security
- Travel & Transportation

- Activities
- Fundraising
- Historian
- Marketing
- Membership Programs
- Publicity
- Scholarship
- Sunshine
- Website

Network is a volunteer organization. We have no paid staff and depend on our members to give their time and talents to make our events and programs successful. Volunteering brings you contacts, experience, friendships and satisfaction.

Please describe your function with your organization and your managerial responsibilities, supervisory function, etc. If desired, you may attach a copy of your resume.



Formal Education (degrees, schools, etc.): _____

Other Education (seminars, continuing education, special training): _____

Professional Groups/Affiliates (civic, charitable or business related): _____

What contributions of professional business expertise could you offer the Network? _____

What do you hope to get out of your Network membership in the coming year? _____

Signature: _____ Date: _____

Sponsored by (required): _____

Annual Membership Dues are \$75 per person. We do not have business memberships.

During any event hosted by NEW, photographs of participant may be taken and posted on NEW's website, used in our Newsletter or used on other sanctioned NEW social media outlets. If you have any objection to the use of your image, please notify the President in writing (email or letter). The President's contact information can be found at www.networkofexecutivewomen.org.

Please mail this application and the agreement signature page, along with a check to:

Network of Executive Women
Attn: Membership
PO Box 3171
Milford CT 06460

In case of non-approval, your uncashed check will be returned. Payment of membership dues is deductible for most Network members as an ordinary business expense. Contributions or gifts to Network are not deductible as charitable contributions for federal income tax purposes. You should check with your tax professional to determine whether payment of your dues constitutes a business deduction under your particular circumstances.

Revised 4/19