



WOMEN ENTREPRENEURS OF AMERICA, INC.
“Empowering and Supporting Women Business Owners”
National and Global Membership Application

APPLICATION FOR MEMBERSHIP

Name: _____

(Please Print As You Would Like For It To Appear In The Membership Roster)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email Address:** _____

Date Of Birth: _____

Today's Date: _____ **Solicitor:** _____

TYPE OF MEMBERSHIP

NEW MEMBER

or

RENEWAL

- ☐ ***Annual Membership \$99 now \$75***
- ☐ ***Associate Men (HEROS) \$99 now \$75***
- ☐ ***Student \$30***
- ☐ ***Direct Annual \$110 (through an Affiliated Organization)***

Name of Organization/Business _____

Please allow 2 to 3 days for processing of your membership application.
National Chapter of Women Entrepreneurs Of America
Cleveland, Ohio 44120
317-601-9135 (Office) ~ <https://www.womenentrepreneursfamerica.org>

When accepted, I will be entitled to all membership privileges, services and benefits, and will support WEA activities. Membership in WEA is recorded in the name of the individual, not the organization. Membership dues are non-refundable and are due annually. Call WEA Membership Chair (317) 891-5057 with questions. We are required to advise you that your dues are not deductible as charitable contributions for Federal Income Tax purposes. In compliance with Omnibus Budget Reconciliation Act of 1993, it is estimated that **99%** of the payment is deductible as a business expense.

In order to serve your needs best, please answer the following optional questions:

Why do you want to join WEA? _____

What are some of the major benefits you believe you will receive as a member? _____

What do you hope to gain from the organization? _____

What other organizations have you served on as a board member or in a leadership position? _____

Comments/Suggestions:

FOR BUSINESS OWNERS/CO-OWNERS ONLY: The following information is needed for statistical purposes only and will be treated in a confidential manner. It will enable WEA to present a true composite of our organization and will be utilized to promote maximum benefits to you and your company.

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TYPE OF FIRM: ☐ Sole Proprietor ☐ Partnership ☐ S Corporation

☐ C Corporation ☐ LLC

Date Established: ____/____/____

LAST YEAR'S GROSS REVENUES: ☐ Under \$100,000 ☐ \$100,000 - \$499,000

☐ \$500,000 - \$999,999 ☐ \$1 million - \$5 million ☐ Over \$5 million

WEA SERVICE OPPORTUNITIES

Some committee involvement is suggested. I am willing to serve WEA in the following manner:

CHAPTER LEVEL:

Board
Committees/Sub-Committees:
Advertising/Brochure Development
Awards
Bylaws/Procedures
Community Outreach
Database Management
Directory
Fund-raising/Corporate Partners
Hospitality/Greeters
Legislative
Mailings
Membership/Recruitment
Mentoring
Newsletter
Programming
Public Relations
Special Meetings/Holiday Gatherings
Success Teams
Other (please specify): -----

STATE LEVEL:

Board
Committees/Sub Committees:
Advertising/Brochure Development
Archiving
Awards
Bylaws/Procedures
Chapter Development
Directory
Education/Programming
Fund-raising/Corporate Partners
Leadership Conference
Legislative
Mailings
Newsletter
Public Relations
Special Meetings
State Conference/Event
Other (please specify): _____

Membership acceptance is subject to chapter board approval. Applications must be completed annually.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge and belief.

Signed: _____

Date: _____

Women Entrepreneurs Of America (WEA)
National Chapter
Cleveland, Ohio 44120

(317) 891-5057

_____ **Chapter**

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