

League of Girlfriends Membership Form

Complete the form below to join the League of Girlfriends

Name: *

First Name

Last Name

Address: *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Cell Phone: *

Area Code

Phone Number

Home Phone:

Area Code

Phone Number

E-mail: *

example@example.com

If yes, What's the Name of Your Business:

What's your Website?:

Which Level of Membership are you joining at?:

Platinum VIG

VIG

Girlfriend

How did you hear about us?: *

Who Referred you to us? *

What's Your Marital Status?: *

Married

Single

Divorced

Widowed

Names and ages of your children:

Stay Connected

How can we find you on Social Media?:

Facebook

Instagram

Twitter

LinkedIn

Which other organizations are you associated with?:

Memberships, Boards, Business Organizations, Social Organizations

How can we help you?:

- Provide me with safe - drama free social activities
- Help me to Become an Author
- Support my business
- Show me additional ways to support my family
- Allow me to grow through educational & encouraging workshops
- Help me to better serve the community
- Assist me in utilizing my gifts.

Why are you joining the League of Girlfriends now?

- I'm new in town and I need new Girlfriends.
- I feel lost and I want to be connected.
- I am going through a transformation and I need help.
- Someone else thought this would be a good fit for me.

Are you currently a Business Owner?

- Yes
- No

What type of business is it?

Do you have children?

Marketing Permissions

Email

Direct Mail

Customized online advertising

Tags

Todo

In Progress

Done