



# MEMBERSHIP APPLICATION

Please fill out completely  
and return to the director at a meeting or  
e-mail to [betty@xantari.com](mailto:betty@xantari.com)

Today's Date \_\_\_\_\_ First Visit Date \_\_\_\_\_

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NAME \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-mail \_\_\_\_\_

WEB SITE \_\_\_\_\_

Service or product to be promoted through The BusinessWomen's Connection (please describe in detail):  
\_\_\_\_\_

Is your profession licensed by any organization?  Yes  No

Are you licensed?  Yes  No  N/A

Other services or products which might overlap with yours, causing a conflict of exclusivity:  
\_\_\_\_\_

Do you anticipate any difficulty with our attendance requirements?

Yes\*  No (\*If yes, please explain on the back of this form.)

Do you belong to any other networking groups or leads clubs in which exclusive representation of product or service is a benefit of membership?

Yes  No

I have read and agree to BWC's statement of purpose, pledge and rules.  
I would like to join The BusinessWomen's Connection.

Applicant's signature \_\_\_\_\_

Director's signature \_\_\_\_\_

Applicant wishes to join  Fee is paid  Has been accepted

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