

MEMBERSHIP APPLICATION

- PLEASE ATTACH CURRENT RESUME OR COMPLETED RESUME FORM
- PLEASE FILL IN COMPLETELY - THIS INFORMATION WILL BE USED TO CREATE YOUR PAGE IN THE NETWORK DIRECTORY
- PLEASE OBTAIN SPONSOR'S SIGNATURE

Date: _____

Date(s) of meeting(s) attended: _____

Name: _____

Sponsor: _____

Why do you want to join NETWORK? _____

What can you offer to this organization? _____

EDUCATION (Please indicate all educational background)

Ph.D. _____ M.D. _____ D.D.S. _____ Other (Explain) _____

BA/BS _____ Masters _____ Other (Explain) _____

Professional Designation _____ Technical Degree _____

Some College (Years) (Explain) _____

Continuing Education (Explain) _____

CURRENT POSITION (All requested information is required to give you maximum credit)

Resume Attached

Resume Form Attached

Company Name: _____ Phone: _____

Address: (Include Zip Code) _____ FAX: _____

Title: _____ **Email Address:** _____

Describe company (Type, sales revenue, number of employees, product/services, etc.): _____

Describe current job responsibilities: _____

Describe your level of authority? _____

To whom are you accountable? _____

What persons or groups are accountable to you? _____

CAREER EXPERIENCE (Responsibilities and Authority in your last two positions prior to current position, and number of years in each position)

INFLUENCE (Other organizations to which you belong, and any offices held)

Professional: _____

Community: _____

PERSONAL INFORMATION

Home Address: _____ Phone: _____

Mail To: Office Home Other _____

Birth Month/Day: _____ Interests: _____

SPONSOR'S COMMENTS

Applicant Signature Date

Sponsor Signature Date

Please note: Applications cannot be processed unless all required information is enclosed. All Applications are subject to approval by the Executive Board. Checks should NOT be included. Upon acceptance, you will be informed of the amount due. Forward application package to:

Membership
Network of Executive Women
Post Office Box 320834
Tampa, Florida 33679