



Southeast Ohio Women in Networking
 PO Box 2309
 Athens, OH 45701-0389
 Register online anytime at www.sehiowin.org/join.html

Application for Membership

Name: _____ **Title:** _____

(Additional members from same business can be added on the back of this form)

Business Name: _____

Address: _____

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

Phone: _____ **Fax:** _____ **E-mail:** _____

Web Site Address: _____ **I prefer to receive WIN notices by:** **E-Mail** **Fax**

Discount to other WIN members (Not Required for Membership): _____

Nature of business/organization: _____

New Member **Renewal** **Referred By:** _____

I am interested in participating on the following WIN Committees: (Optional, but encouraged)

Steering

The steering committee will consist of a minimum of 10 and a maximum of 16 members. Meetings are held monthly. Committee members will commit to participate for a 2-year term.

Luncheon

Logistics, speakers, featured businesses, location, press releases, reservations, taking money, paying for food, name tags, leading luncheons

Retreat/Special Events

Logistics, location, scheduling, themes, application, registration, budget, collecting fees, programming, evaluations, sponsorships.

Finance

Dues collection, overall finances and budget, financial policies/procedures (i.e. when will we subsidize events and not), determining need for fundraising.

Public Relations

Web site maintenance, membership development and recruitment, member relations, press releases, marketing

Membership

Responsible for recruiting new members and managing membership information.

I am interested in being a luncheon:

Speaker: Topic _____

A presentation no more than 20 minutes in length related to your business.

Featured Business

The featured business allows you the opportunity to display your products and services to the entire WIN group at a monthly luncheon.

Membership Fees:

Annual Membership **\$36/person**

Membership fees are used to help offset operational expenses, mailing costs, website maintenance, and special events as well as to defray the cost for the speaker's meal at the monthly luncheons.

I am enclosing payment for:
 _____ Annual Membership Fee(s)

TOTAL ENCLOSED **Amount Enclosed**
 \$ _____

Payment Option:

Check (payable to SE Ohio Women in Networking) Cash Mastercard/VISA

Credit Card No: _____ Expiration Date: _____

Signature: _____ Date: _____