



Membership Application

- Please Attach Current Resume
- Please Fill In Completely
- Please Obtain Sponsor's Signature (if applicable)

Date: _____ Date(s) of meetings 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. _____ 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

Company Name: _____ Phone: _____

Address: _____ Fax: _____

Title: _____ Preferred 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: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Mail To: Office Home

Other: _____

Birth Month/Day: _____ Interests: _____

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.

Please submit application and resume to membership@networkexecwomen.com