



WOVI, Inc.
Women of Visionary Influence
Membership Application

Empowering Women to Lead

Name _____

E-mail Address _____

Mailing Address _____

City _____ Zip Code _____

Home Phone _____

Home Email address: _____

Cell Phone # _____

Fax # _____

Company _____ Profession _____

Work Address _____ City _____ Zip Code _____

Work Phone # _____ Work Email Address _____

When is the best time for you to receive phone calls? _____

Use which phone number? Home? Work? _____ Month/day of birth: ____ / ____ / XX

New Member Admin. Fee - \$20.00	
Annual Dues: \$120.00 Discounted to \$100.00 (Jan. thru Dec.)	
\$60.00 Semiannual	
Prorated semiannual amounts: Jan or July - \$60.00 Feb or Aug - \$50.00 Mar or Sept - \$40.00 Apr or Oct - \$30.00 May or Nov - \$20.00 June or Dec - \$10.00	
New Member Fee: \$20.00	+
Dues Amount \$ _____	=
Total: \$ _____	
Check # _____	
Or Visa, Discover or Mastercard # _____	
Expiration Date: _____ / _____	
Name on card: _____	
Date Joined: _____	
Original Application to WOVI Inc.	

Chapter Membership.

Please circle chapter you are joining. Addison, Firewheel, Fort Worth, Frisco, Houston, North Dallas, Phoenix, Red River, At-Large

New Chapter _____ Or Transfer to: _____

What advantages and opportunities are important for you to receive from WOVI?

Please check any or all that apply.

- | | | | | | |
|------------------------|--------------------------|----------------------|--------------------------|-------------------|--------------------------|
| Mentoring | <input type="checkbox"/> | Professional growth | <input type="checkbox"/> | Empowerment | <input type="checkbox"/> |
| Relationships | <input type="checkbox"/> | Leadership | <input type="checkbox"/> | Community service | <input type="checkbox"/> |
| Participatory programs | <input type="checkbox"/> | Educational programs | <input type="checkbox"/> | Service to women | <input type="checkbox"/> |

What are your professional/career goals/aspirations? _____

What are the strengths and experiences you are willing to share with another member in the capacity of mentor? _____

What experiences, attributes, knowledge and/or skills do you want your mentor to have? _____

I acknowledge that the advice and input I receive from my assigned mentor is the opinion or recommendation of the person presenting it and does not, in any way, represent WOVI, Inc. or any of its Chapters.

Signature: _____ **Date:** _____

(Signature required)

Sponsored by: _____

Sponsoring member comments: _____

Please circle the committee(s) you want to participate on or hear more about.				
Communications	Interest Rings	Membership	Mentor	Program
Registration	Annual Conference	Mentor Recognition Luncheon	Other Volunteer	