



WOVI, Inc.
Women of Visionary Influence
Membership Application

Empowering Women to Mentor and Lead

Name _____

Please print clearly

E-mail Address _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____

Home Email address: _____

Cell Phone # _____

Work Phone # _____

Fax # _____

Company _____

Work Address _____ **City** _____ **Zip Code** _____

Work Email Address _____ **Month/day of birth:** ____ / ____ / **XX**

Dues Structure and Payment Options

New Member Admin. Fee - \$20.00

Annual Dues: \$120.00

Discounted to \$100.00 if paid in Jan. or July

Semiannual Dues: \$60.00 paid in Jan. or July

Prorated amounts for new members:

Please circle Period and Month joined

Dues Period I		Dues Period II	Amount
January	or	July	\$60.00
February	or	August	\$50.00
March	or	September	\$40.00
April	or	October	\$30.00
May	or	November	\$20.00
June	or	December	\$10.00

Date Joined: _____

New Member Fee: \$20.00

Dues Amount: \$ _____

Total Amount: \$ _____

Check # _____ Or Visa, Discover or
 Mastercard # _____

Expiration Date: ____ / ____

Name on Card: _____

Forward Original Application to WOVI, Inc.

Chapter Membership.

Please circle chapter you are joining. Addison Arlington Austin Firewheel Fort Worth
 Frisco North Dallas Phoenix Portland Red River Tucson At-Large

Other 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 Membership Mentor Programs Member Services Interest Rings
 Annual Conference Mentor Recognition Luncheon Mentor Certification