



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 # _____ **Contact by Text: Yes or No** _____
Student Status: _____ **Graduation Date:** _____
Work Phone # _____
Fax # _____
Company _____
Work Address _____ **City** _____ **Zip Code** _____
Work Email Address _____ **Month/day of birth:** _____ / _____ / **XX**

Dues Structure and Payment Options
Student Application

Annual Dues: \$60.00
 Semiannual Dues: \$30.00 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		\$30.00
February or August		\$25.00
March or September		\$20.00
April or October		\$15.00
May or November		\$10.00
June or December		\$5.00

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 or check chapter you are joining.

<input type="radio"/> Addison	<input type="radio"/> Jindal School	<input type="radio"/> North Fort	<input type="radio"/> At-Large
<input type="radio"/> Austin	<input type="radio"/> UTDallas	<input type="radio"/> Worth	
<input type="radio"/> Flower Mound	<input type="radio"/> New York	<input type="radio"/> Phoenix	
<input type="radio"/> Frisco	<input type="radio"/> North Dallas	<input type="radio"/> Red River	

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		