



**WOVI, Inc.**  
*Women of Visionary Influence*  
**Membership Application**

*Empowering Women to Mentor and Lead*

**Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Please print clearly

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Home Email address:** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_

**Text #** \_\_\_\_\_

**Company** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Work Email Address** \_\_\_\_\_ **Month/day of birth:** \_\_\_\_ / \_\_\_\_

**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?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

<b>Dues Period I</b>		<b>Dues Period II</b>	<b>Amount</b>
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.**

More information required. Continued on back.



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**The WOVI Member's Promise**

As a member of Women of Visionary Influence and my chapter, I promise:

To attend my chapter's meeting regularly

To support the members in my chapter

To offer positive and encouraging comments during the MentoRing exercise

To serve on my chapter's leadership team when called upon to do so

To bring guests to chapter meetings so they can see the benefits WOVI membership offers

To participate in other WOVI events throughout the year

To provide mentoring when assigned

To be a proactive mentee

To appreciate and respect my mentor

To maintain honest and ethical standards during any and all WOVI events and relationships

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature required**

Please fill out the following information.

**Chapter Membership.** ☐ Write in name of chapter joining \_\_\_\_\_

☐ 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 ☐ Professional growth ☐ Empowerment ☐

Relationships ☐ Leadership ☐ Educational programs ☐

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.

Sponsored by: \_\_\_\_\_ Sponsor's comments: \_\_\_\_\_

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