



WOVI, Inc.

*Women of Visionary Influence
Empowering women to lead and mentor.*

Membership Application

Your Name _____ **Email Address** _____

Cell Phone _____ **Work Phone** _____

Mailing Address _____ **City** _____ **State** ____ **ZIP** _____

Company _____ **Work Email** _____

Work Address _____ **City** _____ **State** ____ **ZIP** _____

Your Web Site Address _____ **Birthday (Month/Day)** ____/____

Chapter Membership (*Enter Chapter Name or Member-At-Large*) _____

Select if these apply: ☐ Is the above choice a Transfer? ☐ Is this a New Chapter?

What advantages and opportunities are important for you to receive from WOVI? *Please check any or all that apply:*

- ☐ Mentoring ☐ Leadership ☐ Educational Programs ☐ Empowerment ☐ Professional Growth
☐ Participatory Programs ☐ Community Service ☐ Relationships ☐ Service to Women

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?

Please choose the committee(s) you want to participate on or hear more about:

- ☐ Communications ☐ Membership ☐ Mentor ☐ Programs ☐ Member Services ☐ Interest Rings
☐ Annual Conference ☐ Mentor Recognition Celebration ☐ Mentor Certification Program

More information required. Continued on next page.



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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

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.

Print Name _____ Email _____

Signature _____ Date _____

Sponsored by _____

Sponsor's comments:

Dues Structure and Payment Options

New Member Admin Fee: \$20.00 Annual Dues: \$120.00 Discount if paid in Jan. or July: \$100.00 Semiannual Dues: \$60.00 paid in Jan. or July	Prorated amounts for new members (Select period and month joined)			Date Joined:	
	Dues Period I	Dues Period II	Amount	New Member Fee	
	<input type="checkbox"/> January OR <input type="checkbox"/> July		\$60.00	Dues Amount	
	<input type="checkbox"/> February OR <input type="checkbox"/> August		\$50.00		
	<input type="checkbox"/> March OR <input type="checkbox"/> September		\$40.00	Total Amount	
	<input type="checkbox"/> April OR <input type="checkbox"/> October		\$30.00		
	<input type="checkbox"/> May OR <input type="checkbox"/> November		\$20.00	Paid by PayPal on:	
	<input type="checkbox"/> June OR <input type="checkbox"/> December		\$10.00	Check Mailed on:	

To Complete Your Application MAIL or PAY & SUBMIT	MAIL this form & check (Payable to WOVI, INC.) to:	MAKE PAYMENT via PayPal	AND SUBMIT This Application
	WOVI, Inc. P.O. Box 803144 Dallas, TX 75380-3144		

You can also email this completed form to WOVIlex@wovi.com

☐ WOVI Pin ☐ Member Handbook ☐ Orientation ☐ Mentor Assigned

WOVI, Inc. P.O. Box 803144 Dallas, Texas 75380-3144 www.wovi.com

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