



WOVI, Inc.
 Women of Visionary Influence
Empowering women to lead and mentor.

New Member Application

Your Name _____ **Cell Phone** _____

Email _____ **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 Mentoring Programs Member Services InterestRings
 Annual Conference Mentor of the Year Event 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 OR New Member's Comments:

Dues Structure and Payment Options			Date Joined:
Annual Dues: \$120.00 Semiannual Dues paid in January or July: \$60.00 Annual Dues discount when renewing in January or July: \$100.00	Prorated Dues for New Members <i>(Select month joining and enter Prorated Dues Amount in the cell to the right)</i>		New Member Admin Fee: \$20.00
	<input type="checkbox"/> January – June	<input type="checkbox"/> July – Dec.	\$60.00
	<input type="checkbox"/> February – June	<input type="checkbox"/> August – Dec.	\$50.00
	<input type="checkbox"/> March – June	<input type="checkbox"/> September – Dec.	\$40.00
	<input type="checkbox"/> April – June	<input type="checkbox"/> October – Dec.	\$30.00
	<input type="checkbox"/> May – June	<input type="checkbox"/> November – Dec.	\$20.00
	<input type="checkbox"/> June	<input type="checkbox"/> December	\$10.00
			Prorated Dues Amount:
			Total Amount:
			<i>Paid by PayPal on:</i>
			<i>Check & Form Mailed on:</i>

SAVE this application to your computer and add your name to the file name

PAY with PayPal

AND

SUBMIT Application by Email

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

*To pay by CHECK, please mail a copy of this form with your check (payable to WOVI, INC) to:
 WOVI, Inc. 4108 Blackwillow Drive Mesquite, TX 75150*

- WOVI Pin Member Handbook Orientation Mentor Assigned
 Application forwarded to WOVI, Inc