



## Network for Professional and Executive Women

Attached is your application for membership in Network. When you have completed the application, please be sure to have both of your Network sponsors complete the sponsorship portion. The completed application may be turned in to any member of the Network board or mailed to P.O. Box 983, Columbus, Georgia 31902.

Qualifications for Membership, as outlined in our by-laws, are as follows:

The prospect shall:

Be a manager or administrator with executive level responsibilities in a public or private organization, **or**

Own or manage an enterprise, **or**

Have professional training and experience in areas including but not limited to, accounting, architecture, economics, education, engineering, general business, law and medicine, **and**

Have demonstrated community concern and commitment **and**

Be a female **and**

Support the purposes and objectives of Network.

Upon Approval for Membership by the Network Board of Directors:

The new member and two Network member sponsors will be notified and arrangements made for the next orientation and meeting reservations.

An initiation fee of \$20.00 will be billed along with the annual dues of \$225.00. Annual dues are pro-rated according to the month in which application is approved. Guest lunches are \$18.00, payable only at the door, no billing.

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**NETWORK FOR PROFESSIONAL AND EXECUTIVE WOMEN**

**MEMBERSHIP APPLICATION**

Please type or print legibly, answering every question. Use only space provided. You may attach a resume, referencing it when appropriate.

Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Professional Title \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Birthday (Month & Day)\_ \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

If you prefer bill sent to your home, check here.

Name and title of the person to whom you report \_\_\_\_\_

Describe your current job responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

List Jobs - Most Recent First

Employer      Job Title      Dates

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

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Use this space to outline job responsibilities in previous positions. \_\_\_\_\_

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**Education**

Begin with high school, then college(s) for undergraduate and post-graduate work, and any additional specialized training, licensure, or designation

Name of Institution    Dates    Degree    Major

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**Special Awards, Honors, Publications**

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**Other Professional, Service and Cultural Organizations of which you are a member.**

Organization            Office or Committee Chair

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Define your view of your responsibility to the community.

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Describe any involvement you may have in issues affecting women.

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Why do you wish to join Network?

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Use this space to tell us anything else about you that you feel is significant.

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**If accepted as a member, I understand it is my obligation to attend Network functions and to be active in leadership via committee memberships. I also support the purpose and objectives of the Network for Professional and Executive Women.**

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Signature of Applicant

Date

### Membership Committee Action

Received \_\_\_\_\_ Reviewed \_\_\_\_\_

Letter to Member \_\_\_\_\_ Name Tag \_\_\_\_\_

Letter to Sponsor \_\_\_\_\_ Letter to Sponsor \_\_\_\_\_

Comments

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**Sponsors** please complete this portion of the application and return to any member of the Membership Committee or P. O. Box 983, Columbus, Georgia 31902.

Your responsibilities as a sponsor, as set forth in our by-laws are as follows:

\_\_\_ "Orienting prospective members to Network's purpose, objectives, membership criteria, fees, structure, activities, and services before their application is submitted."

\_\_\_ "Assume responsibility for recommending applicant for membership. Sponsors therefore should be thoroughly familiar with an applicant's qualifications for membership."

**Sponsor**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_

Comments (include how long and under what circumstances you have known applicant, and what contribution they could make to Network.)

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

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Co-Sponsor**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_

Comments (include how long and under what circumstances you have known applicant, and what contribution they could make to Network.)

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

Co-Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please obtain two sponsors before submitting your application for membership.**