

WOMEN OF EVERGREEN BUSINESSES

MEMBERSHIP APPLICATION

APPLICATION DATE: _____

BUSINESS INFORMATION

Member's Business Name _____

Business Address, City, State & Zip Code _____

Business Entity Type is a C-Corp., S- Corp., Sole Proprietor, LLC, or Other? _____

Business Phone Numbers

Cell Phone Number _____

Facsimile Number _____

Website address: _____

PERSONAL INFORMATION

Member's Full Name _____

Home Address, City, State & Zip Code _____

Home Phone Number _____

Email Address (print clearly) _____

Detailed Description Of Your Business - products & services you sell (use back of application if necessary):

Check The Committee You Would Like To Serve On (required - please check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Community Relations | <input type="checkbox"/> Member Support |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Website | <input type="checkbox"/> Interested in being a part of the leadership of the WEB? |
| <input type="checkbox"/> Programs/Special Events | <input type="checkbox"/> Nominating | |

Have you attended one of our meetings yet? _____

I accept membership in the Women of Evergreen Businesses (WEB) Association and will comply and abide by the association's Constitution and Bylaws. Furthermore, I confirm that I have received and read a copy of the Constitution and Bylaws.

Signature _____ Date _____

Print Name & Title _____

If you have any questions about this form or membership, please contact Valerie Gluth, 303-674-7889

Please mail this form within 10 business days with your check payable to (* See note regarding dues) :

Women of Evergreen Businesses
P.O. Box 1952
Evergreen, CO 80437-1952

OFFICE USE ONLY	
Date Applic. Received	_____
Date of Applic. Review	_____
Applic./Memb. Accepted?	_____
* Dues (\$40 to July'09) \$	_____
(\$80: 7/01/09-6/30/10)	_____
1 Time Admin Fee (\$45)	_____
Total Paid \$	_____

* \$40 dues applicable from 1-1-09 to 6-30-09)