

# Women's Leadership Network

## Membership Application Annual Dues \$60

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Cell: \_\_\_\_\_  
Email/Website: \_\_\_\_\_  
Birthday-Mo/Day: \_\_\_\_\_

1. What was the determining factor in deciding to join the WLN?

\_\_\_\_\_

2. Please list the top 3 speaker/program topics that would interest you or help you grow your business?

- 1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_

3. Would you be interested in events outside of our monthly meeting?

*Yes or No (Circle your answer)*

Would any of these outside events interest you? *(Check your answer)*

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Breakfast roundtable                         | <input type="checkbox"/> Networking  |
| <input type="checkbox"/> Wine tasting                                 | <input type="checkbox"/> Fun         |
| <input type="checkbox"/> Spa day                                      | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Golf outing (mini or regular or golf clinic) |                                      |

Any suggestions on the type of event you would like to see in the next 12 months?

\_\_\_\_\_

4. Do you prefer meetings with a speaker or networking dinners? *(Check your answer)*

- Meetings with speakers  
 Networking meetings  
 I enjoy both and would like a mix of the two

5. Would you be interested in being an Ambassador for? *(Circle your answer)*

VP Membership	Yes	or	No
VP Marketing	Yes	or	No
VP Programs	Yes	or	No
VP Events	Yes	or	No
VP Finance	Yes	or	No
VP Administration	Yes	or	No

6. Are there any suggestions, ideas or expectations that you may have as someone new to our organization?

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