

Professional Women's Network of Houston  
*Doing Business With Integrity*

**Membership Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Category/Description of Business: \_\_\_\_\_

Member Sponsor: \_\_\_\_\_ (sponsorship form must be attached)

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

Your Responsibilities: \_\_\_\_\_

Bus Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Website: \_\_\_\_\_ Years Experience in Business: \_\_\_\_\_

Is this your major source of personal income: Yes  No

Professional Licenses and Certifications: \_\_\_\_\_

Education/Degrees Held: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Birthday Month: \_\_\_\_\_ Day: \_\_\_\_\_ Network Experience: \_\_\_\_\_

Volunteer Activities: \_\_\_\_\_

Hobbies: \_\_\_\_\_

What do you feel you can contribute to this organization?

List three business references:

	Name	Best way to contact	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Membership Application – PWNH**

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Are you able and willing to make the commitment to attend our weekly meeting held every Tuesday morning at 7:15am? Yes  No

If not what is the conflict? \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor signature

\_\_\_\_\_  
Date

Applications must be complete, signed by applicant and member sponsor. Completed Sponsor Form must be submitted with application. Applications without Sponsor Forms will not be considered.

The dues for membership in Professional Women’s Network of Houston are \$100.00 per year. Dues are payable annually, at the first meeting in January. New member dues are pro-rated for the year according to their membership date as follows:

- January – March: \$100.00
- April – June: \$75.00
- July – September: \$50.00
- October – December: \$25.00

Addition information including PWNH Bylaws at: [www.pwnh.org](http://www.pwnh.org)