



MANAGEMENT WOMEN, INC.

Membership Application

The purpose of Management Women, Inc. is *To promote an environment of self-growth, support and development of current and future professional women.*

Name: _____ Organization: _____
Address: _____ Position: _____
City: _____ Zip: _____ Address: _____
Home Phone: _____ City: _____ Zip: _____
Business Phone: _____ Fax: _____
E-mail: _____

1. Nature of your organization's business, services provided or goods sold: _____

2. Primary responsibilities of your position: _____

3. List examples of how you perform the following management functions (if applicable). *Must qualify in a minimum of three areas:*

Supervising: _____

Planning: _____

Organizing: _____

Motivating: _____

Over please

Budgeting responsibilities: _____

4. Where does your position fall within your organization (*i.e. mid-management, upper management, etc.*)? _____
5. Professional organization(s) in which you hold membership(s): _____

6. Civic, volunteer activities: _____

7. Awards/honors achieved: _____

8. Number of years in your profession: _____
9. Brief educational history: _____

10. How do you feel Management Women, Inc. will benefit you in your career? _____

11. How did you find out about Management Women, Inc.? _____

**Annual membership dues of \$160 are payable upon approval of application.
This amount includes local dues and luncheons. Membership year begins July 1.**

Management Women recognizes that individuals are concerned about disclosure of private information to the public in general. Management Women may publish member information (name, address, telephone and fax numbers, email address) in the membership directory, newsletter, on the website, other publications, and to conduct the business of the organization. New members may also be featured in the newsletter and the information stated on your application may be used and edited for the content of this feature.

Upon your acceptance to Management Women, you will be given a copy of our Directory. In keeping with our concerns about our members right to privacy, please note that it is the policy of Management Women that members shall not use the Directory for mass mailings, mass e-mail contacts, telemarketing, sale of the list of any information contained therein, or distribution of information to non-members.

Your application to Management Women indicates your permission for Management Women to disclose your information in accord with the above policy and your agreement to abide by the above policy regarding use of the Directory.

Signature: _____ Date: _____

Applications are approved monthly. Dues are prorated. Upon completion, please print, sign and date. Mail this application to:

Management Women, Inc.
Attention: Membership Application
P.O. Box 10514
Green Bay, WI 54307-0514