

# Women's Leadership Network

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Employer/Profession: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

1. Would you be interested in being a presenter at one of the monthly meetings?  
*Yes or No (Circle your answer)*

2. Would you be interested in becoming an Officer and participating on the Board of Networking Opportunities for Women?  
*Yes or No (Circle your answer)*

3. Would you or your employer like additional information about becoming a sponsor of Networking Opportunities for Women?  
*Yes or No (Circle your answer)*

4. Which program types interest you? *(Circle Y or N for each program)*

<u>Program Type</u>	<u>Yes</u>	<u>No</u>	<u>Recommend a dynamic speaker?</u>
Leadership Skills	Y	N	_____
Changing Workforce	Y	N	_____
Communication Skills	Y	N	_____
Sales & Marketing	Y	N	_____
Motivational	Y	N	_____
People Skills	Y	N	_____
Organizational Skills	Y	N	_____
Financial Planning	Y	N	_____
Healthcare	Y	N	_____
Networking	Y	N	_____
Other:	Y	N	_____

---

## Women's Leadership Network

*Annual Local Chapter Dues \$160*

Date \_\_\_\_\_

Annual dues of \$ 160 - check \_\_\_\_\_ cash \_\_\_\_\_ \*PayPal \_\_\_\_\_

\_\_\_\_\_  
Received by; WLN Representative Name Title

\*PayPal accepts credit cards