



**EXCEPTIONAL WOMEN  
MEMBERSHIP APPLICATION**

<i>Sponsorship</i>		<i>Membership</i>		
<input type="checkbox"/> Level I		<input type="checkbox"/> Silver \$99	<input type="checkbox"/> Gold \$150	<input type="checkbox"/> Platinum \$250
<input type="checkbox"/> Level II		Chapter _____		
<input type="checkbox"/> Level III		City _____		
<input type="checkbox"/> Level IV		State _____		

Name \_\_\_\_\_  
Last First Middle

**EMPLOYMENT INFORMATION**

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Business Category \_\_\_\_\_

Description of your business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Birthday \_\_\_\_\_ Place of Worship \_\_\_\_\_

Referral Source \_\_\_\_\_

What other professional organizations do you belong to? \_\_\_\_\_  
\_\_\_\_\_

What are your expectations of becoming a member? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check off the areas in which you are interested in serving:

- Leadership Team       Greeting Members / Guests       Mentoring       Other \_\_\_\_\_
- Registration       Special Projects       Donating Door Prizes

**COMMITMENT**

I understand that the intent of this organization is to network and fellowship with other professional Christian women. I agree to encourage and support other members through building relationships founded on biblical principals. I give my permission to use the information on this application in the Membership Roster to be placed on the Exceptional Women website. I also agree and understand that membership dues are non-refundable and non-transferable. Finally, I agree to comply with the by-laws, rules and regulations of Exceptional Women either now or to become effective at a future date.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please mail your completed application with your check to:

**Exceptional Women, Inc. P.O. Box 77: 6114, Houston, Texas 75057-0077 Phone (972) 403-3801 Fax (972) 403-3801**