



**EXCEPTIONAL WOMEN
MEMBERSHIP APPLICATION**

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

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