



# APPLICATION FOR MEMBERSHIP

(Please print or type)

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

\_\_\_\_\_  
Home Address: Street City State Zip

\_\_\_\_\_  
Home Telephone Fax email

WIM SPONSORS (you need two current members)\_\_\_\_\_

Prefer mailings to: Home\_\_\_\_\_ Office\_\_\_\_\_

### CURRENT POSITION

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

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

\_\_\_\_\_  
hone Fax email

Years with current employer\_\_\_\_\_ Years in current position\_\_\_\_\_

### PLEASE COMPLETE SECTIONS 1 – 5 ONLY IF YOUR RESUME IS NOT ATTACHED

1. What are your responsibilities?  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe some of your most recent accomplishments.  
\_\_\_\_\_  
\_\_\_\_\_

3. If applicable, last three positions:

Dates	Company and Location	Title and Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Education Degree	Major	Institution and Location	Dates
_____	_____	_____	_____
_____	_____	_____	_____

4. Professional Associations, Offices Held

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6. Community Activities

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How did you hear about WIM? Program/Event \_\_\_\_\_, Newspaper \_\_\_\_\_, Professional Colleague \_\_\_\_\_

Other (explain) \_\_\_\_\_

What are your expectations of WIM?

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Signature \_\_\_\_\_

Date \_\_\_\_\_

First year Membership fee and a one-time administration fee is \$219.

Mail Application and check to:

Women in Management, Inc.  
Membership Committee  
PO Box 3451, Stamford, 06905  
Phone, 1-866-698-3511  
Fax, 1-203-359-8743  
Email: [Choosewim@wimweb.org](mailto:Choosewim@wimweb.org)