

Women Extraordinaire!

Commitment Agreement & Membership Application

Please fill out the WE application below and forward your response by fax to 271-8555. We will notify you to confirm your approved membership to WE upon receipt of this application.

Date: _____ Name of Participant: _____

Street Address:: _____

City, Province, Postal Code: _____

Phone: (Home): _____ (Cell): _____ (Work): _____

Company: _____ Position: _____

Describe what you do: _____

Your gifts & talents: _____

Age Group: ____ 21 to 35 ____ 35 to 45 ____ 45 to 55 ____ over 65 Marital Status: _____

E-mail: _____ Birthday: (Month/Day) _____

of children: _____ Ages of children: _____

Emergency Contact/Phone: _____

How did you find out about WE? _____

Are you interested in volunteering for on a committee to help WE? ____ Yes ____ No ____ Need More Info

Please specify where you can volunteer: _____

Will you be a speaker? Yes/No ____ Topics: _____

What Church and/or clubs and organizations do you belong to? _____

What events are you interested in (Check all that is applicable)? ____ Breakfast ____ Lunch ____ Evening Events

Sports & Hobbies: _____

What are your expectations of WE and what aspects of this group are most important to you? _____

What would you like to contribute to WE? Membership Fee of \$50.00 Other: _____ Cash ____ Chq ____

Best day you prefer to meet for lunch? _____ Evening? _____

What Charities would you like WE to support? _____

Are you interested in being part of the Mastermind Group? _____ Book Club? _____

I hereby agree to participate and give back to WE, the members and charities WE supports.

Sign: _____