



WOVI, Inc.
Women of Visionary Influence
Empowering women to lead and mentor.

Membership Application

Your Name _____ Email Address _____

Cell Phone _____ Work Phone _____

Mailing Address _____ City _____ State ____ ZIP _____

Company _____ Work Email _____

Work Address _____ City _____ State ____ ZIP _____

Your Web Site Address _____ Birthday (Month/Day) ____/____

Chapter Membership (*Enter Chapter Name or Member-At-Large*) _____

Select if these apply: Is the above choice a Transfer? Is this a New Chapter?

What advantages and opportunities are important for you to receive from WOVI? *Please check any or all that apply:*

- Mentoring Leadership Educational Programs Empowerment Professional Growth
 Participatory Programs Community Service Relationships Service to Women

What are your professional/career goals/aspirations?

What are the strengths and experiences you are willing to share with another member in the capacity of mentor?

What experiences, attributes, knowledge and/or skills do you want your mentor to have?

Please choose the committee(s) you want to participate on or hear more about:

- Communications Membership Mentor Programs Member Services Interest Rings
 Annual Conference Mentor Recognition Celebration Mentor Certification Program

More information required. Continued on next page.



The WOVI Member’s Promise

- As a member of Women of Visionary Influence and my chapter, I promise:
- To attend my chapter’s meeting regularly
- To support the members in my chapter
- To offer positive and encouraging comments during the MentoRing exercise
- To serve on my chapter’s leadership team when called upon to do so
- To bring guests to chapter meetings so they can see the benefits WOVI membership offers
- To participate in other WOVI events throughout the year
- To provide mentoring when assigned To be a proactive mentee
- To appreciate and respect my mentor
- To maintain honest and ethical standards during any and all WOVI events and relationships

I acknowledge that the advice and input I receive from my assigned mentor is the opinion or recommendation of the person presenting it and does not, in any way, represent WOVI, Inc. or any of its Chapters.

Print Name _____ Email _____

Signature _____ Date _____

Sponsored by _____

Sponsor’s comments:

Dues Structure and Payment Options					
New Member Admin Fee: \$20.00 Annual Dues: \$120.00 Discount if paid in Jan. or July: \$100.00 Semiannual Dues: \$60.00 paid in Jan. or July	Prorated amounts for new members (Select period and month joined)			Date Joined:	
	Dues Period I	Dues Period II	Amount	New Member Fee	20.00
	<input type="checkbox"/> January OR	<input type="checkbox"/> July	\$60.00	Dues Amount	
	<input type="checkbox"/> February OR	<input type="checkbox"/> August	\$50.00	Total Amount	
	<input type="checkbox"/> March OR	<input type="checkbox"/> September	\$40.00	Pay by PayPal	<i>(submit below)</i>
	<input type="checkbox"/> April OR	<input type="checkbox"/> October	\$30.00	Pay by CC	<i>(enter below)</i>
	<input type="checkbox"/> May OR	<input type="checkbox"/> November	\$20.00		
	<input type="checkbox"/> June OR	<input type="checkbox"/> December	\$10.00		

Name on Card	Expiration
Card Number	CVV

To Complete Your Application:	SUBMIT Payment via PayPal <i>(or enter credit card information above)</i>	AND SUBMIT This Application
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WOVI Pin Member Handbook Orientation Mentor Assigned
 Application forwarded to WOVI, Inc