

## W.I.N. Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: \_\_\_\_\_ (Cell) \_\_\_\_\_

Birthday (MM/DD) \_\_\_\_\_ Wedding Anniversary (MM/DD/YY) \_\_\_\_\_

Which Committee would you be interested in working on? \_\_\_\_\_

The purpose of WIN is to support and assist each other in our sales and business development. We never compete with each other. Each member is allowed to represent only one service or product within WIN. Therefore, the category of membership to which you apply is the only business/service/product that you can promote within the group.

Category of Business (one or two words that best describe your service/product)

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Type of Business (describe fully, listing type of services, products, etc.)

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Who referred you to WIN?: \_\_\_\_\_

2 Professional References (not including WIN Member) that Membership Director can contact:

Reference 1: Name and Phone number - \_\_\_\_\_

Reference 2: Name and Phone number - \_\_\_\_\_

Note: A \$10 Membership Application Fee must accompany your application. This fee is non-refundable. Annual dues are \$40 and are to be submitted with this application. The dues will be refunded should your application be denied. Please make the check out to WIN. **The completed application must be received within 7 days following the monthly meeting to be considered for membership the next month.** Please mail to the Director of Membership: **Melissa Porter** – 10232 Shelbyville Rd. 40223 or scan/take picture & Email to: [melissaporterdc@gmail.com](mailto:melissaporterdc@gmail.com)

If you have any addl questions, please email or call Melissa @ 812-431-5251 cell