

ASSOCIATION OF HOME-BASED WOMEN ENTREPRENEURS
MEMBERSHIP APPLICATION

Please print clearly

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|---------------------------------------------------------------------|----------------------------------------------|
| P.O. Box 31561 St. Louis, MO 63131-1561 Website: www.hbwe.org | Tel: (314) 805-9519 E-mail: info@hbwe.org |
|---------------------------------------------------------------------|----------------------------------------------|

Name: _____

Business Name: _____

Business Description:

| | |
|---------------|-------------------|
| Home Address: | Business Address: |
| | |
| Home Tel: | Business Tel: |
| FAX: | FAX: |
| E-mail: | E-mail: |
| Cell: | Web site: |

Which address do you prefer to have listed in Roster? Home _____ Business _____
 Do you currently own your own business? Yes _____ No _____ Planning Stages _____
 If applicable, how many years operating your business? _____

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|--------------------------------------------------------------|
| What benefits most attracted you to become a member of HBWE? |
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How did you hear about HBWE? Member referral (name of member): _____
 Television/Radio/Newspaper? _____ Other? _____

Would you like to participate in a MasterMinds Group? Yes _____ No _____ Unsure _____

Would you like to be on our Committed Members List to attend monthly meetings? Yes ___ No ___
 (Being on the Committed Member list means you do not have to call to make a reservation for the monthly meeting; a reservation will be automatically made for you. However, you must call if you cannot attend).

Are you interested in helping with Hospitality? Yes _____ No _____ Unsure _____

List current membership in other organizations with any offices held or special contributions:

(over)

Monthly Meeting Notification – which do you prefer? Via E-mail _____ Via mail _____

Would you like to tell us a little more about yourself? (OPTIONAL)

Marital Status: _____ Children: _____ Grandchildren: _____

Interests/Hobbies: _____

Date of Birth: MM _____ DD _____ (example 05/24 = birth date May 24th)

List any programs or special topics you would like us to offer. Any recommendations for speakers?

MEMBERSHIP INFORMATION

Type of Membership: (please circle one):

Regular (\$125) – Includes one-time \$25 administrative fee. Renewal \$100 each year thereafter.

Apprentice (\$75) – For business less than one year old OR business in planning stages.

This is a one-time offering. Renewal will become effective at the regular membership rate of \$100.

Dues Payment Information: (Payment accepted)

Check Enclosed: _____ Money Order Enclosed: _____

Credit Card: _____

MC/Visa Account Number _____

Expiration Date _____

Name of Cardholder _____

Billing Address Zip Code _____

Signature of Applicant _____

HBWE Approval (Board use only)

| | |
|----------------------------|------------|
| Board Approval (date): | Signature: |
| Type of Membership: | Dues Paid: |
| One Committed Member List: | |
| Honorary Member: | |