

Date of Application: _____
WBL Chapter: _____
New Application: _____ Renewal: _____ Transfer/Seat: _____
Invited by: _____



W O M E N ' S
BUSINESS LEAGUE

One Year Membership: \$500.00. Discount, if applicable: _____
Membership Fee does not include quarterly meeting costs.

APPLICATION

Name: _____

Business Name: _____

Address: _____

Cell Phone: _____ Business Phone: _____

Email: _____ Website: _____

What role/seat are you applying for? _____

EXPERIENCE & CREDENTIALS

Please list all professional roles. You may use additional paper if necessary.

Professional Industry: _____ Specific Role: _____

Length of time in Professional Role: _____

Education/Licenses/Certifications held or required to perform professional role:

Are licenses and/or certifications current: No: _____ Yes: _____

List and describe professional insurance coverage, if any: _____

Has your professional license every been revoked or suspended? No: _____ Yes: _____

If yes, dates of suspension or revocation: _____

FLEXIBILITY with ACCOUNTABILITY

Attendance and full participation is encouraged.

The more you put in to Women's Business League, the more you will receive.

1. I will attend regular meetings and events.
2. I will invite visitors and bring referrals to the group.
3. I will abide by the Women's Business League Member policies and conduct myself in an honest and professional manner.

TERMS & DECLARATIONS

By submitting this Application, I agree to receive communications from or relating to the Women's Business League, LLC ("WBL"), and further agree that WBL may share my information and any other information and material I provide to other WBL members, affiliates, vendors, and third parties to provide me services as a WBL member.

Any dispute arising out of this Application or my membership in WBL shall be resolved by final and binding arbitration. The arbitration shall be held in Massachusetts and shall be conducted in accordance with the rules of the Massachusetts Arbitration Act.

I certify that all statements made in this Application are true and correct. I understand any misrepresentations or false statements may be grounds for rejecting my application or may subject me to immediate termination at WBL's discretion without any reimbursement. I further understand that my membership is conditional upon, and I agree, accept and will abide by all the terms and conditions herein and those contained in the WBL Membership Handbook and guidelines which I have had the opportunity to review upon request. I acknowledge that breach of these terms, conditions, and policies shall be grounds to terminate my membership. I acknowledge that acceptance of my application is at the sole discretion of WBL. I understand and agree that upon acceptance, **FEES ARE NON-REFUNDABLE** without exception.

FAXED OR ELECTRONIC SIGNATURES

Faxed, scanned or electronic signatures on this agreement, as well as on any amendments, modifications or ancillary agreements, shall be considered as binding as original signatures and may be relied upon.

Signature: _____ Date: _____

If you know of anyone that would benefit from WBL, please let us know, we would love to contact them. _____

PROFESSIONAL REFERENCES

Please provide two professional references.

Reference One: Name: _____

Business: _____

Position: _____ Length of time known: _____

Address: _____

Phone: _____ Email: _____

Reference Two: Name: _____

Business: _____

Position: _____ Length of time known: _____

Address: _____

Phone: _____ Email: _____

Women's Business League, LLC use only:

Approved/Declined: _____ Date: _____

Applicant Notified: _____ Date: _____

Approved by: _____ Signature: _____