



Corporate Membership Application

Please complete entire form and return to WiM at the attention of Kristin Moore, 6363 Oak Tree Blvd., Independence, OH 44131 or email kmoore@womeninmfg.org. If you have any questions contact WiM at 216-503-5700.

- New Corporate Membership Renewing Corporate Membership

Company and Contact Information

Name of Company _____

Address _____

City _____ State _____ Zip _____

URL for website listing _____

Type of business/industry _____

Primary Contact _____

Contact Title _____

Phone _____ Fax: _____

Email Address _____

Payment

- Check enclosed (made payable in US dollars to: WiM). Please invoice me.

- American Express Visa MasterCard Discover

Credit Card Number

Exp Date

CVV #

Cardholder Name

Authorized Signature

Corporate Membership Application

Employee for Membership

Primary Member #1

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Primary Member #2

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Primary Member #3

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Primary Member #4

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Primary Member #5

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Primary Member #6

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Primary Member #7

Name _____

Title _____
Company: _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax: _____
Email Address: _____
Interested in being a: mentor mentee

Primary Member #8

Name _____
Title _____
Company: _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax: _____
Email Address: _____
Interested in being a: mentor mentee

Primary Member #9

Name _____
Title _____
Company: _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax: _____
Email Address: _____
Interested in being a: mentor mentee

Primary Member #10

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Additional Memberships (Unlimited/\$75)

Employee #1

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Employee #2

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Employee #3

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Employee #4

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee

Employee #5

Name _____

Title _____

Company: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

Email Address: _____

Interested in being a: mentor mentee