



Membership Application & Agreement

We welcome you to join, connect and thrive in a supportive community.
Our focus is to champion you with opportunities to develop and embrace your unique gifts, build your business and network with like-minded women leaders.

Date: _____ Chapter: _____

Applicants Name: _____

The Applicant is the member, not their company, business or employer. Membership is non-transferable.

Title: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell: _____

Website: _____ Email _____

Facebook: _____ Other Social Media: _____

Home Address (if different): _____

City: _____ State: _____ Zip: _____

Business Category Applying For: You may apply for one category only unless the second category is an integral part of your business. Maximum Two. (Describe Product and /or Services) _____

Number of Years in Business _____ Part Time or Full Time _____

List Two References / Business / Professional:

1. Name: _____ **Position:** _____

Business: _____ Phone: _____

Relationship: _____ # of Years _____

2. Name: _____ **Position:** _____

Business: _____ Phone: _____

Relationship: _____ # of Years _____



Membership Application (Continued)

What is your experience in your field / occupation: _____

How long have you been with the company you are representing: _____

Are you able to make the commitment to attend the two meetings per month: _____

What are you willing to contribute to this group: _____

Do you belong to other networking groups: (if yes, please list them) _____

Please initial each of the following statements to indicate that you understand their importance.

I understand that attendance and punctuality are very important and if I cannot attend, I will notify the President. _____ . I will make every effort to find a sub in my absence _____

I understand that I can be dropped from the WINGS Chapter or Group if I am absent 2 times in 6 months without a substitute or if my conduct is unprofessional and/or undermines that of the Chapter or an individual Member, guest, visitor, vendor or speaker to the Chapter. _____

I understand that this is a network referral and business development group and not a social, therapy or Mastermind group; my intention is to refer and assist all members in their development and referrals. _____

I understand that WINGS – does not guarantee referrals, business growth or increased profits _____

I have read and understand the items above and accept all conditions _____

Applicant Print Name: _____ Date: _____

Applicants Signature: _____ Date: _____

Application Fee

By Checking the box I agree to a (1) **One Time** Application fee of **\$100** (100% Refunded Should You Not Be Accepted As A Member) By Signing, I authorize a onetime credit card payment of **\$100** to be charged to my credit card below.

Print name _____ Date _____

Signature _____

PAYMENT INFORMATION: _____ Credit Card __Visa __ MC or by _____ Check / Check # _____

Cardholder Name: _____ Card Bank Name: _____

Card Number: _____ Exp. Date (MM/YY) _____ / _____

CVS / Card Security Code: _____ Zip Code: _____ Birthday Mo. / Day: _____

Card Billing Address: _____

The Applicant is the member, not their company, business or employer. Membership is non-transferable. (Note your card will be charged by **Key Success**).



Membership Agreement

Agree:

By signing below, you agree that if WINGS, (the “Company” or “we/us”) approves your Application and /or accepts you as a **WINGS** _____ Chapter Member (“Member” or “Membership”) to the Chapter stated above then this WINGS Membership Agreement (the “Agreement”) automatically becomes contract between you and the Company, and applies to your Membership and commitment to the WINGS Chapter. You agree that you the Applicant hold the membership not your company, business or employer. Membership is non-transferable to another person or person in your company or business. By signing below, you are acknowledging that you have read, understand, agree to, and accept the terms and conditions contained in this Agreement.

Commitment:

We are committed to providing a structured Women’s Network experience. By signing below, you agree to follow the Policies and Guidelines and that the Company may limit, or terminate your Membership without refund or forgiveness of your investment /payment if you become disruptive or difficult, fail to follow the WINGS Policies or fail to participate in a positive manner, or if you impair the participation of President, Officers, or Members of the **WINGS Meetings**.

Confidentiality:

You agree to respect the privacy of fellow Members. You agree not to violate the publicity or privacy rights of any Member. We respect your confidential and proprietary information ideas, plans and/or trade secrets (collectively, “confidential information”) and you hereby also agree to respect the same rights of fellow Members and of the Company. By signing below, you agree (1) not to infringe on the Members or Company’s copyright, patent, trademark, trade secret or other intellectual property rights, (2) that any Confidential Information shared by Members or any representative, visitor, guest or vendor of the Company is confidential and Proprietary and belongs solely and exclusively to the person who discloses it or the Company, (3) not to disclose such information to any other person or use it in any manner other than in discussion with the WINGS Chapter forum.

Responsibility:

Each Member agrees and understands that there are no guarantees expressed or implied as to the income, success, growth, business development, relationships and/or the number of referrals they receive. Each member is 100% responsible for their own business, professional and personal development. Each Members success depends on many factors, including but not limited to her, actions, dedication, desire, and motivation. By signing below, you acknowledge that there are no guarantees that you will increase your income or change as a result of being a Member of this **WINGS** Chapter or any WINGS Chapter.

Authorization:

By completing the Application and signing this WINGS Agreement below, you authorize the Company to charge your credit card or cash your check, as indicated below, as payment for the Annual Membership. You agree that if you are accepted into the **WINGS** _____ Chapter, you are responsible for full Membership payment and any Chapter Dues for the entire 12-months, regardless of whether you actually attend, or remain as a Member for a full year. No refunds will be issued and all payments must be paid on a timely basis. If any payment becomes more than 15 days late, a late fee will be assessed.



Annual Membership Investment:

One (1) Year Annual Membership \$400

By Signing, I authorize my credit card payment of \$400 to be charged to my card stated on pg. 2 of this Application;

Card ending in _____ (Note your card will be charged by **Key Success**). Or by Check # _____.

Print name _____ Date _____

Signature _____

Subject: Permission and Waiver to Use WINGS Meetings Photography and/or Video

Locations: WINGS Meetings, WINGS Group Outings or WINGS Social Events.

I grant to WINGS, its representatives and/or employees the right to take photographs and/or video of me and my property in connection with the above-identified Locations. I authorize WINGS, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that WINGS may use such photographs of me, record my voice and likeness for the purpose of creating a film, video, magnetic tape, digitally or otherwise of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, print, mailings, social media and Web content.

I understand that I am to receive no compensation for this appearance. Wings and its representatives shall have joint and complete ownership of the images or video work. I give Wings and its representatives the use my name, likeness and biographical material to publicize the program and the services of WINGS and its representatives.

I have read and understand the above and waive any and all liability of WINGS in connection of Photographs or Video.

Date: _____

Print Full Legal Name: _____

Signature: _____