

NetWalking Membership Form

Member's Information:

Full Name: _____

Nickname: _____

Address: _____

City / State / Zip: _____

Home Address: _____

City / State / Zip: _____

Home Phone: _____

Cell Phone: _____

Home Email: _____

*Please Star * above your preferred method of contact*

Company Name: _____

Title: _____

Work Phone: _____

Work Email: _____

Provide a brief description of what your company does? _____

Would you be willing to offer members a discount on services? Yes No If yes, what kind of discount can you offer? _____

Personal Information:

Date of Birth: _____

Marital Status: Single Married

Contact Information in case of emergency:

Name: _____

Relationship: _____

Phone 1: _____

Phone 2: _____

I am most interested in:

- Making friendships with other women Networking with other female professionals
 Exercising Mentoring other women Finding a female mentor
 Other: _____

How did you hear about us?

- Referred by _____
 Other _____

Internal Use Only

Date Joined: _____

Payment made by: _____