

Hill Country Women in Business Membership Application

Business Basics

↑ Your Name

↑ Business Name

↑ Business Address

↑ City, State, ZIP

↑ Business Phone

↑ Business Website

↑ Business Fax

↑ Business Email

↑ Year Business Established

↑ Type of Business

↑ Membership Sponsored By

Please note: If you are approved for membership, the information on this form will be posted on the HCWIB website. It is your responsibility to inform membership of any information you don't wish to appear on the website.

Personal Basics

↑ Home Address

↑ Home City, State, ZIP

↑ Home Phone

↑ Home Fax

↑ Home Email

↑ Birth Date (Month and Day)

↑ Husband's Name

Fees

Application Fee \$10

Annual Membership \$50

Monthly Dinner Attendance \$17

Mail application and \$10 check to:

Hill Country Women in Business
PO Box 1574
Boerne, TX 78006

Other Information

Ownership:

50% or more of corporate voting stock

50% or more of partnership, LLP or similar

Sole proprietor

Other (specify) _____

For sole proprietor or "other" only:

Yes No

Own 100% of business?

Sole liability for business debts?

Sole ownership of customer lists?

Pay self-employment tax?

Active in day-to-day operations?

Hire and fire employees?

Responsible for payroll?

Sole control of policies and procedures?

Sole authority to sell the business?

What committees are you interested in?

Membership

Telephone

Website

Hospitality

Newsletter

Publicity

Chaplain

Program

Signature