



Marin Professional
Women's Network

Marin Professional Women's Network
Membership Application

Mission Statement

- To promote a spirit among women of acceptance, respect, empowerment, and support for career-oriented business owners, entrepreneurs, and professionals.
- To generate more business through quality referrals.
- To make a difference in the communities of Marin County through sharing and caring.

Application Fee: \$60.00 (renewed annually in January)

A prospective member is encouraged to attend two meetings. After the second meeting, complete an application and mail it with a check to MPWN for \$60.00 along with your business card, resume (if available) and marketing materials to:

MPWN Membership Committee
 c/o Cindy Mackenzie
 25 Amber Ct. cmack@comcast.net
 Novato, CA 94947 415.328.0224

After the review and screening process, you will be notified by phone of the Committee's decision.

PROFESSION _____

Title: _____

Professional Degrees/Certifications _____

How long have you been in your current business? _____

Is your business: Full-Time Part-Time

MPWN CATEGORY YOU ARE APPLYING FOR:

Do you have a 2nd business: _____

What percentage of your businesses comes from your primary business _____% and 2nd business _____%

Name _____

Do you have a Business License? Yes No

Business Address _____

Do you have Business Insurance? Yes No

Business Name _____

Do you participate in other Networking activities? Yes No

Phone _____

If so, which organization(s)? _____

Cell _____

E-mail _____

Website _____

Who referred you to MPWN? _____

Who are your primary Clients/Customers?

Special interests: _____

Business to Business Consumer Focused

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What will you contribute to the Group? _____

What do you expect to gain from being in the Group? _____

Describe your Business Services: _____

References: Provide two current business references (not from MPWN).

Important! Please let your references know to expect our call.

Name: _____ Name _____

Company _____ Company _____

Position _____ Position _____

Phone _____ Phone _____

E-mail _____ E-mail _____

Length of Business Association _____ Length of Business Association _____

Additional Comments/Information: *Please include any information that you would like to share about yourself and/or your business career.*



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Signature: _____ Date: _____

*Membership Committee: Cindy Mackenzie, 415.328.0224
Kathryn Harris, Katie Chase, Shelia Rokeach, Sheri Benjamin, Sydne Pomin*

If you have any question regarding MPWN membership, please feel free to contact us.