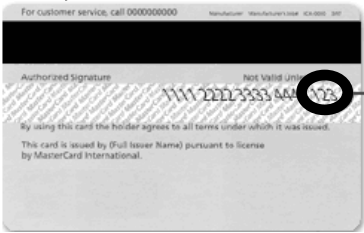



GENERAL INFORMATION	DATE	MEMBERSHIP STATUS <input type="checkbox"/> New Member <input type="checkbox"/> Transfer ( <i>requires approval below</i> )	CHAPTER LOCATION
	CHAPTER PRESIDENT APPROVAL FOR TRANSFER		
	X <i>I CONFIRM APPROVAL BY CHAPTER MEMBERS (SIGNATURE)</i> _____ <i>CHAPTER PRESIDENT NAME</i> _____		
TEAM WOMEN APPROVAL FOR TRANSFER ( <i>SIGNATURE OF KARYN FAGAN REQUIRED</i> )			
MEMBER INFORMATION	APPLICANT NAME		HOW DID YOU LEARN ABOUT TEAM WOMEN?
	COMPANY NAME		<input type="checkbox"/> Advertisement
	E-MAIL ADDRESS		<input type="checkbox"/> Member ( <i>name</i> ): _____
	WEB SITE		<input type="checkbox"/> Chapter
	HOME PHONE (    )		<input type="checkbox"/> Other ( <i>describe</i> ): _____
	ADDRESS		WHICH CORE BUSINESS WILL YOU CONCENTRATE ON?
CITY	STATE	ZIP	HAVE YOU BEEN A MEMBER BEFORE?
			<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>chapter</i> ): _____
			( <i>when</i> ): _____
PAYMENT INFORMATION	PAYMENT METHOD		
	ALL MEMBERSHIP FEES TO TEAM WOMEN ARE NON-REFUNDABLE		
	<input type="checkbox"/> Check or money order in the amount of \$249.00 (U.S. dollars) payable to <b>Team Women</b>		
	Driver's License # ( <b>required for all checks</b> ): _____ State: _____ Exp. Date: _____		
	<input type="checkbox"/> Credit card # _____ <b>Exp. Date:</b> _____		
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx    Name on Card: _____ CCV2/CID# _____    Billing Address: _____ ( <i>see below</i> )    ( <i>address on card statement</i> )		
			
			SIGNATURE REQUIRED TO AUTHORIZE CARD CHARGE
AGREEMENT	I hereby certify that to the best of my knowledge the answers given by me to the foregoing questions and all the statements made by me in the above application are true and correct. I agree to the terms of membership. I understand that Team Women is not personally responsible or affiliated with the chapter members and cannot be held responsible for disputes between members and their companies. I understand that if I resign or if my membership is terminated with TEAM WOMEN, my membership fees and renewal fees—as well as chapter dues—are non-refundable.		
	If submitting this form by electronic means, my typed name below is an acceptable substitute for my signature.		
	X APPLICANT SIGNATURE _____		DATE _____
			I AM INTERESTED IN THE FOLLOWING POSITION(S) <input type="checkbox"/> Chapter President <input type="checkbox"/> Chapter Treasurer <input type="checkbox"/> Member Welcoming Committee <input type="checkbox"/> Training Committee

SEND COMPLETED, SIGNED APPLICATION TO:

Team Women  
40485 Murrieta Hot Springs Road Box #312  
Murrieta, CA 92563

OR FAX TO:

(951) 461-3044