



WHIMBY

Membership Application Form

Your Name: _____

Company/Business: _____

Business Address: _____

Position or Title: _____

Business Phone: _____ Mobile Phone: _____

Email Address: _____

Website: _____

Tell us something about your company and services:

Type of Services: _____

Target Market: _____

How long have you been in business? _____

Number of employees? _____

Two WHIMBY Sponsors (names and email addresses):

1. _____

2. _____

Required of Members: Annual Dues, which renew the month you joined, are \$120. _____ (Initial)

Guidelines for Members: Attend at least 50% of monthly meetings per year. Consider sponsoring a meeting.

Applicant's Signature & Date: _____

Complete and return this application to WHIMBY Membership Chair, Stephanie Casey, at stephanie@stephaniecasyinteriors.com. In addition, please copy your two sponsors.