



**Women Business
Owners of North
Florida**

**MEMBERSHIP APPLICATION
July 01, 2018 – June 30, 2019**

Encouraging Leadership, Community, Success

Name: _____ Date: _____

Title: _____ Business name: _____

Address: _____ City/St/Zip: _____

Phone: _____ Fax: _____ Birthday: _____

E-mail: _____ Website: _____

Payment and business license must be attached in order to process your application.

REGISTRATION FEE \$50 (One-Time Only)

MEMBERSHIP CATEGORY:

ACTIVE BUSINESS OWNER \$200* ANNUAL FEE

Sole proprietor, partner, or owner of at least 25% of a company, and active in the day-to-day management of the company.

Business License #: _____ **A copy of your Business and/or Occupational License must be attached in order to process your application.**

ADDITIONAL MEMBERSHIPS \$100* ANNUAL FEE (PER EACH ADDITIONAL MEMBERSHIP)

Individuals who have more than one business. He/she is the sole proprietor, partner, or owner of at least 25% of another company, and active in the day-to-day management of the company.

Business License #: _____ **A copy of your Business and/or Occupational License must be attached.**

FUTURE BUSINESS OWNER \$150* ANNUAL FEE

*Individuals who intend to become a full time business owner **within the membership year.***

FORMER BUSINESS OWNER \$150* ANNUAL FEE

Past active members of WBO who are no longer involved in their respective businesses but still support the mission of WBO.

NON-PROFIT MEMBER \$150* ANNUAL FEE

Institutions that are tax exempt under IRS codes (foundations, associations, government agencies) and subscribe to the objectives of WBO. May designate one person in a management position to represent them.

CORPORATE MEMBER \$350* ANNUAL FEE

A company or corporation that subscribes to the objectives of WBO. May designate one person in a management position to represent them.

***June 11 – September 30 – Full Dues/ October 1 – December 31 – ¾ Dues/ January 1 – March 31 – ½ Dues/ April 1 – June 10 – ¼ Dues**

Describe your business, responsibilities, and professional licenses: _____

List memberships in other professional organizations, business affiliations, and any awards or honors: _____

List community/civic activities and describe the nature of your participation: _____

I was referred to WBO of N FL by: _____

You may use additional pages as needed to provide all requested information. Your application will be reviewed by the Board of Directors. Upon approval you will be forwarded a committee preference form, a confidential demographic survey as well as information and passwords for access to our on-line directory. If you have any questions, please e-mail membership@jaxwbo.org.

**PLEASE RETURN THIS COMPLETED APPLICATION WITH PAYMENT AND BUSINESS TAX RECEIPT COPY to
Women Business Owners of North Florida - ATTENTION: MEMBERSHIP
PO Box 16372, Jacksonville, FL 32245**