



CAWEE

CANADIAN ASSOCIATION
OF WOMEN EXECUTIVES
& ENTREPRENEURS

a world within

CAWEE MEMBERSHIP APPLICATION FORM

PLEASE FAX YOUR COMPLETED FORM TO 416-756-0000

PLEASE PRINT OR TYPE REQUESTED INFORMATION. MEMBERSHIP FEE MUST ACCOMPANY THE APPLICATION

NAME: _____

TITLE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

BUSINESS PHONE: _____ EXT.: _____ FAX: _____

ADDITIONAL NUMBER (1-800, CELL): _____

EMAIL: _____

WEBSITE: _____

I AM APPLYING FOR:

INDIVIDUAL MEMBERSHIP

VIRTUAL MEMBERSHIP

MEMBERSHIP CRITERIA

EXECUTIVES

A woman who has functioned as a senior manager, executive or professional, or at a comparable level, in her own business, in an organization, or in a not-for-profit organization, and should fulfill a minimum of two of the following:

- DECISION MAKING OR INFLUENCE ON POLICIES, GOALS, AND STRATEGIES FOR THE BUSINESS/ORGANIZATION, OR A MAJOR AREA INSAME;
- ACCOUNTABILITY FOR ACHIEVMENT OF PART OR ALL OF THE ORGANIZATIONAL/BUSINESS GOALS;
- ACCOUNTABLE FOR THE ACTIVITIES OF FIVE OR MORE PEOPLE WHO ARE RESPONSIBLE FOR ACHIEVING THE GOALS OF THE UNIT OR BUSINESS;
- RESPONSIBILITY FOR MANAGING A BUDGET.

ENTREPRENEURS

A woman who has functioned as a senior manager, executive or professional, or at a comparable level, in her own business, in an organization, or in a not-for-profit organization, and should fulfill a minimum of two of the following:

- DECISION MAKING OR INFLUENCE ON POLICIES, GOALS, AND STRATEGIES FOR THE BUSINESS/ORGANIZATION, OR A MAJOR AREA IN SAME;
- ACCOUNTABILITY FOR ACHIEVEMENT OF PART OR ALL OF THE ORGANIZATIONAL/BUSINESS GOALS;
- ACCOUNTABLE FOR THE ACTIVITIES OF FIVE OR MORE PEOPLE WHO ARE RESPONSIBLE FOR ACHIEVING THE GOALS OF THE UNIT OR BUSINESS;
- RESPONSIBILITY FOR MANAGING A BUDGET.

Canadian Association of Women
Executives & Entrepreneurs

401 Bay Street
Suite 1600
Toronto, ON M5H 2Y4

T: 416-756-0000 F: 416-756-0000
Email: contact@cawee.net



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WHAT CATEGORY WOULD MOST CLOSELY CHARACTERIZE YOUR BUSINESS [PLEASE CHECK ONE]:

- | | | |
|--|---|---|
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> FASHION & AESTHETICS | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> ADVERTISING | <input type="checkbox"/> FINANCIAL | <input type="checkbox"/> MARKETING |
| <input type="checkbox"/> AGRICULTURE | <input type="checkbox"/> FOOD | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> ARCHITECTURE | <input type="checkbox"/> HEALTH CARE | <input type="checkbox"/> PUBLISHING, PRINTING, GRAPHIC
DESIGN & PRODUCTION |
| <input type="checkbox"/> ART & ENTERTAINMENT | <input type="checkbox"/> HOSPITALITY | <input type="checkbox"/> REAL ESTATE |
| <input type="checkbox"/> ASSOCIATIONS | <input type="checkbox"/> HUMAN RESOURCES &
EXECUTIVE SEARCH | <input type="checkbox"/> RECREATION |
| <input type="checkbox"/> COMMERCE | <input type="checkbox"/> IMPORTING | <input type="checkbox"/> RESEARCH |
| <input type="checkbox"/> COMPUTER | <input type="checkbox"/> INSURANCE | <input type="checkbox"/> RETAILING |
| <input type="checkbox"/> DIRECT SALES | <input type="checkbox"/> INTERIOR DESIGN | <input type="checkbox"/> SERVICES |
| <input type="checkbox"/> ENTERTAINMENT | <input type="checkbox"/> LEGAL | <input type="checkbox"/> TECHNOLOGY |
| <input type="checkbox"/> EXPORTING | <input type="checkbox"/> MANAGEMENT CONSULTING &
ORGANIZATIONAL PLANNING | <input type="checkbox"/> TRAINING |
| | | <input type="checkbox"/> WHOLESALING |
| | | <input type="checkbox"/> DISTRIBUTING |
| | | <input type="checkbox"/> OTHER |

DESCRIPTION OF BUSINESS AND WHAT YOU DO AS IT SHOULD APPEAR IN THE MEMBERSHIP DIRECTORY
[MAXIMUM 250 CHARACTERS INCLUDING SPACES]:

FURTHER DETAILS OF YOUR BUSINESS, NOT FOR PUBLICATION [TO HELP US PLAN APPROPRIATE PROGRAMMING]:

NUMBER OF FULL-TIME EMPLOYEES: _____

NUMBER OF PART-TIME EMPLOYEES: _____

PLEASE PROVIDE THE NAMES OF TWO REFERENCES AND THEIR CURRENT PHONE NUMBERS: _____

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PLEASE COMPLETE **ONE** OF THE FOLLOWING 2 PAGES DEPENDING ON YOUR MEMBERSHIP CLASS APPLICATION.

FULL MEMBERSHIP

WHICH COMMITTEE[S] MIGHT INTEREST YOU?

- | | | |
|---|---|---|
| <input type="checkbox"/> CHARITIES | <input type="checkbox"/> OPERATIONS | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> GOVERNMENT AFFAIRS | <input type="checkbox"/> POLICY BENEFITS
PROGRAMMING | <input type="checkbox"/> PEER PROCESS |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> PROGRAMMING | <input type="checkbox"/> SPONSORSHIP |
| <input type="checkbox"/> NOMINATIONS | | <input type="checkbox"/> WEB/DATABASE |

HOW DO YOU HOPE TO BENEFIT FROM BEING A MEMBER OF CAWEE?

WHAT OTHER CLUBS OR ASSOCIATIONS ARE YOU'RE A MEMBER OF?

I CAME TO CAWEE:

- FROM WEBSITE FROM MEDIA REFERRED BY A MEMBER
- OTHER [PLEASE SPECIFY]: _____

I AUTHORIZE THE USE OF MY CREDIT CARD NUMBER FOR PAYMENT OF:

- CAWEE EVENT REGISTRATION CAWEE MEMBERSHIP

SIGN: _____

DATED: _____

**PLEASE FAX THIS APPLICATION FORM AND INCLUDE ANNUAL FULL MEMBERSHIP FEE FOR FULL MEMBERSHIP
\$260.00 + \$ 13.00 GST = \$ 273.00 [GST # R100759935]**

PAYABLE BY : CHEQUE VISA MASTERCARD

CREDIT CARD NUMBER: _____ EXP.: _____

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VIRTUAL MEMBERSHIP

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- | | | |
|---|---|---|
| <input type="checkbox"/> CHARITIES | <input type="checkbox"/> OPERATIONS | <input type="checkbox"/> PUBLIC RELATIONS |
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PROGRAMMING | <input type="checkbox"/> PEER PROCESS |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> PROGRAMMING | <input type="checkbox"/> SPONSORSHIP |
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SIGN: _____

DATED: _____

**PLEASE FAX THIS APPLICATION FORM AND INCLUDE ANNUAL FULL MEMBERSHIP FEE FOR VIRTUAL MEMBERSHIP
\$160.00 + \$ 8.00 GST = \$ 168.00 [GST # R100759935]**

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