

WOMEN EXECUTIVES IN HEALTHCARE, INC.

Membership Application Form

Applicant's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code _____

Preferred contact Phone #: _____

Preferred E-mail: _____

Place of Employment: _____

Job Title: _____

Annual Membership Fee: \$25.00 payable to WEH, Inc.

Membership Year: January 1, 2018 - December 31, 2018

Mail to:

Kathy Pajor, Treasurer
618 Old Clinton Road
Westbrook, CCT 06498

Or email to:

kathy.pajor@womenexecutivesinhealthcare.org

How did you learn about Women Executives in Healthcare, Inc.?

Ideas for Networking Sessions or Event Topics:

What is your preference for Networking Breakfasts? 7:30-9:30__ 8:00-10:00__ 8:30-10:30__

What is your preference for Networking Evenings? 6:00-8:00__ 6:30-8:30__ 7:00-9:00__

Other Breakfast or Evening times: _____

Would you like to be a mentor or be mentored through Women Executives in Healthcare? _____

Would you like to receive the Women Executives in Healthcare Newsletter? _____