



The WomEn's Circle

Energizing. Educational. Empowering.

Membership Application

Thank you for choosing to join The WomEn's Circle.

Name: _____ Position: _____

Company: _____

Address: _____ City: _____ Zip Code: _____

Email address: _____ Phone number: _____

Type of profession/industry: _____ Years in profession: _____

Years at this business: _____ City of residency: _____

Company Twitter Handle (if applicable): _____

Company Facebook Page (if applicable): _____

What is your primary goal or purpose for joining?

- ☐ Build Connections
- ☐ Personal Development and/or Leadership Skills
- ☐ Professional Development
- ☐ Community Involvement
- ☐ Other: _____

Payment Information

Annual Investment: \$150 per Member

Method (Circle One): Check Cash Credit Card (Visa/MasterCard/AMEX)

Name on Card: _____ Billing Zip: _____

Number: _____ Expiration Date: _____ Security Code: _____

Authorized Signature: _____ Date: _____

Please return this form to Chelsea Johnson, Communications and Events Manager

By fax: 651.452.8978 By Email: cjohnson@dcrchamber.com

By Mail: 1121 Town Centre Drive, Eagan MN 55123