

ASSOCIATE MEMBERSHIP APPLICATION

please complete application and £41 payment and submit to:

chapter affiliation: **United Kingdom**

newh.membership@newh.org

personal information:

| | |
|--|---|
| last name: <input type="text"/> | home address: <input type="text"/> apt: <input type="text"/> |
| first name: <input type="text"/> | city: <input type="text"/> |
| middle initial: <input type="text"/> | shire: <input type="text"/> postal code: <input type="text"/> |
| date of birth: <input type="text"/> | phone: <input type="text"/> |
| spouse/ significant other: <input type="text"/> | personal email: <input type="text"/> |

*personal information is not published or shared

business information:

| | |
|--|---|
| position: <input type="text"/> | date of graduation: <input type="text"/> |
| company: <input type="text"/> | type of business: <input type="text"/> |
| address/suite: <input type="text"/> | <i>i.e., design, sales, hotel management, manufacturing, procurement, etc.</i> |
| city: <input type="text"/> | business e-mail: <input type="text"/> |
| shire: <input type="text"/> postal code: <input type="text"/> | web address: <input type="text"/> |
| phone/ext: <input type="text"/> | |
| cell: <input type="text"/> <small>display cell on NEWH website? Yes <input type="checkbox"/> No <input type="checkbox"/></small> | Preference for: Mail: <input type="checkbox"/> home <input type="checkbox"/> business Email: <input type="checkbox"/> personal <input type="checkbox"/> business |

please list two (2) industry references who have known or worked with you for at least one (1) year.

| | | |
|----------------------------|-------------------------------|-----------------------------|
| name: <input type="text"/> | company: <input type="text"/> | phone: <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Statement of Applicant

I apply to become a member of the Network of Executive Women in Hospitality UK Limited (the Company) with immediate effect, upon and subject to the Memorandum of Association and Articles of Association of the Company. I attest to the accuracy of the information in this application and will do all within my power to maintain and enhance the integrity and prestige of the NEWH, Inc. By applying for NEWH membership, I am agreeing to opt-in to NEWH email, and agree to the NEWH Code of Ethics, Photo Release, and Member Logo Policy - see newh.org/member-agreement for details

signature: date:

Credit Card: Visa Mastercard BACS Payments

Amt: £41 Exp Date _____ CVC Code _____

Nat West Bank Account No: 26601087 Sort Code: 56-00-31

BIC: NWBK GB 2L IBAN: GB59 NWBK 5600 3126 6010 87

Billing Street Address _____

Billing City _____ Shire _____ Postal Code _____

Card number _____

Print name as shown on card _____

Signature _____

Email receipt to: _____