



2009 Membership Application (Revised 01-27-09)

Pay as you go Membership

This membership allows you to attend any or all meetings at the Members price

Annual Membership Dues: \$90.00
Meeting Dues: \$15.00

All Inclusive Membership

This membership covers all meeting dues for the calendar year
Multiple memberships are offered to corporations

1 All-inclusive Membership \$235
2 All-inclusive Memberships \$450
3 All-inclusive Memberships \$670

Specify Payment Method: Cash Check Invoice me/company

Please complete all sections of the application. (PRINT OR TYPE LEGIBLY)

- Former Member
Former Student Member
NEW Member
Pay-as-you go membership
1 all-inclusive membership
2 all-inclusive memberships
3 all-inclusive memberships

Name: First Middle Initial Last

Employer Name Your Title Dept/Div.

Employer Address City State Zip Code

Home Address City State Zip Code

Send Mail to: Home Company WiTT does not sell or rent its mailing list.

Business Phone: Home Phone: Fax:

Preferred E-Mail Address:

From time to time, WiTT receives special offers or information relating to women or technology professionals. Would you like to be included in the distribution of such information via e-mail? Yes No

I hereby apply for membership in WiTT. I agree to comply with the requirements of the Bylaws and Code of Ethics and all regulations adopted by Women in Technology of Tennessee. I agree to maintain the confidentiality of any and all proprietary information obtained through my membership in WiTT, and acknowledge such by my signature below. For a copy of the bylaws, please contact Theresa Markum.

Applicant's Signature Date

How did you hear about WiTT?

Would you be interested in serving on a committee? Yes No If yes, what is your area of interest?

For questions regarding membership, please contact Elise Cambournac, Director of Membership via e-mail at ecambournac@emdeon.com or at (615) 565-2270 or (615) 351-9214

Turn in application along with payment at any WiTT event, or mail to:

Women in Technology of Tennessee
ATTN: Membership
330 Franklin Road, Suite 135A-538
Brentwood, TN 37027



2009 Membership Application (Revised 01-27-09) - continued

Primary Member for second membership

Name: First _____ Middle Initial _____ Last _____

Employer Name _____ Your Title _____ Dept/Div. _____

Employer Address _____ City _____ State _____ Zip Code _____

Home Address _____ City _____ State _____ Zip Code _____

Business Phone: _____ Home Phone: _____ Fax: _____

Preferred E-Mail Address: _____

Primary Member for third membership

Name: First _____ Middle Initial _____ Last _____

Employer Name _____ Your Title _____ Dept/Div. _____

Employer Address _____ City _____ State _____ Zip Code _____

Home Address _____ City _____ State _____ Zip Code _____

Business Phone: _____ Home Phone: _____ Fax: _____

Preferred E-Mail Address: _____