



## WOMEN IN FILM LAS VEGAS

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### MEMBERSHIP APPLICATION

All applications must be filled out completely, include required attachments and check or money order for membership fee of \$40.00 (made payable to: **WIF Las Vegas**)

All applications will be reviewed by the Membership Committee and approved by the Board of Directors. You will then be contacted to schedule a personal interview. WIF reserves the right to deny any application. Please be sure to include all required attachments. Incomplete applications will not be processed and subject to denial.

**Your application must be accompanied by a Bio or Resume.**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title/Profession: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

WIF Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ AM/PM (circle one)

Briefly tell us why you want to become a part of WIF Las Vegas. (Use back of page if needed)

\_\_\_\_\_  
\_\_\_\_\_

We understand sometimes a job title or position does not accurately describe what it is you really do for a Company or a Living. Therefore we ask that you briefly explain below what it is you are currently doing, or working on. (Please Print)

\_\_\_\_\_  
\_\_\_\_\_

Which membership are you applying for:

Professional	\$ 40.00	_____	Silver	\$ 40.00	_____
Internship	\$ 40.00	_____	Student	\$ 40.00	_____
Alliance	\$ 40.00	_____	Corporate	\$ 2500.00	_____
Dual	\$ 40.00	_____			

\*\* Membership fee is fully refundable if membership is declined.

Signature \_\_\_\_\_ Date \_\_\_\_\_

