



**NATIONAL ASSOCIATION OF  
WOMEN BUSINESS OWNERS**  
Fort Lauderdale/Broward County

**MEMBERSHIP APPLICATION**

**About You**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Web site \_\_\_\_\_ Chapter \_\_\_\_\_

**Membership Dues**

Annual National Dues Choose One →	<input type="checkbox"/> Student Member - \$100 <input type="checkbox"/> Retired Member - \$100 <input type="checkbox"/> Emerging Business Owner - \$100 <input type="checkbox"/> Sustaining Member - \$300 <input type="checkbox"/> Established Business Owner - \$150 <input type="checkbox"/> At-Large Member - \$170 <input type="checkbox"/> Supporting Member* - \$150 (*Supporting membership applications must be turned into the chapter)	\$
	Annual Chapter Dues Choose One →	Ft. Lauderdale/Broward County - \$125 <b>If there is a chapter within 45 miles of your business, pay both chapter and national dues.</b>
<b>Total Amount Enclosed (National Dues + Chapter Dues)</b>		<b>\$</b>

**Method of Payment**

- Check enclosed (payable to NAWBO)  
 Credit Card Payment       Visa       MasterCard       American Express

Account Number \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_  
 Name as Appears on Card \_\_\_\_\_ Signature \_\_\_\_\_

Membership in NAWBO is recorded in the name of the individual, not the organization. All applications are reviewed for accuracy to make sure that you have selected the membership category that best fits your business. **Your dues payment is non-refundable.** Your membership dues are not deductible as a charitable contribution for Federal Income Tax purposes. In compliance with Omnibus Budget Reconciliation Act of 1993, it is estimated that 6% of the payment is nondeductible as a business expense. **A new member's join date is the first day of the month NAWBO receives payment.**

**Personal Demographics** Personal Demographics are collected for statistical purposes only.

Age (Year of Birth) \_\_\_\_\_ (YYYY)  
 Race/Ethnicity      Black/African American      Black/Hispanic Origin      Native American/Alaskan  
                                  Asian/Asian American      Asian/Asian Indian      White/non-Hispanic  
                                  White/Hispanic Origin      White/Middle Eastern Origin      Native Hawaiian/Pacific Islander  
                                  Some other race/ethnicity      No Answer  
 Disabled      Yes      No  
 Veteran      Veteran      Non-Veteran      Service - Disabled Veteran  
 Political Affiliation      Republican      Democrat      Independent

**Business Demographics** Business description, NAICS code, Entity Type, and Certifications Held are included in the NAWBO Member Directory. All other demographics are collected for statistical purposes only.

Year Started/Acquired \_\_\_\_\_ (YYYY)  
 Type of Entity      C Corp      S Corp      General Partnership  
                                  Limited Partnership      Sole Proprietorship      Non-Profit  
                                  Non-Business Owner  
 Number of F/T Employees \_\_\_\_\_ Number of P/T Employees \_\_\_\_\_

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**Business Demographics (Cont.)**

Percent Ownership	Non-business owner 100%	Less than 50%	50% - 99%
Annual Revenue	Less than \$100,000 \$500,000 to \$1 million \$5 million to \$10 million	\$100,000 to \$249,999 \$1 million to \$3 million More than \$10 million	\$250,000 to \$499,999 \$3 million to \$5 million
Certifications Held	No Certifications/Not Applicable WBE - certified by WBENC WBE - certified by the SBA	MBE - certified by local/state govt. WBE - certified by local govt.	WBE - certified by NWBOC WBE - certified by state govt.
NAICS code _____	to find your business NAICS Code go to - <a href="http://www.census.gov/epcd/www/naics.html">http://www.census.gov/epcd/www/naics.html</a>		
Number of locations _____			
Home based business?	Yes    No	Do you do business internationally?	Yes    No

**In the space provided please print or type a short description of your business, which will be included in our national membership directory (limit 250 characters, including spaces and punctuation).**

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**NAWBO Demographics**

Reason for joining	Advocacy/National Representation Networking Opportunities	Business Development Visibility and Media Opportunities	Chapter Programs Other: _____
Would you like to participate in chapter or national volunteer projects?	Chapter Level	National Level	
Please indicate your top 2 primary areas of interest for volunteer projects:	Advocacy Event Planning	Board/Committee Service Mentoring	

**Membership Categories**

The Board of the National Association of Women Business Owners establishes member classes for the organization. A brief description of each category is listed below.

**Student Member**

Shall be an individual who is a student registered full time at a school or university, who subscribes to the objective of NAWBO and intends to start a business. This category is not available online.

**Emerging Business Owner**

For a new business owner (in business for two years or less). A non-voting category limited to two years, members receive all communications and publications, are eligible for all discounts and benefits, and are listed in the annual directory.

**Established Business Owner**

For a business owner who has been in business for more than two years and lives in a chapter area. A regular voting category, members receive all communications and publications, are eligible for all discounts and benefits, and are listed in the annual directory. Chapter membership is also required. To qualify for membership members must own a percentage of their company.

**Retired Member**

Shall be an individual who was a Chapter or At-Large member of NAWBO for at least five (5) years and has sold, divested their interest, or is no longer operating their business. A member in this classification shall have one (1) vote. This category is not available online.

**Sustaining Member**

Shall be a business owner as defined in the NAWBO Policies and Procedures and is a Chapter Member or an At-Large Member who wishes to support the organization in a larger monetary way and gain additional benefits. A member in this classification has one (1) vote.

**At-Large Member**

Shall be a business owner whose business and residence are not located within a Chapter's organization territory, and who is an individual, partner or stockholder who exercises the power to make policy decisions and is actively involved in the day-to-day management of the firm. A member in this classification has one (1) vote and is under the supervision of NAWBO. All voting members must belong to a chapter of NAWBO if one exists in their area.

**Supporting Member** - Shall be an individual who subscribes to the objectives of NAWBO and wish to lend support to NAWBO through membership. Members in this classification shall not constitute more than 10% of the voting membership of a chapter. ***(Individuals applying for membership in the Supporting Membership Category must submit their applications directly to their respective chapter for approval. Any application directly received by the national office will be returned to the membership applicant.)*** This category is not available online.

***Any member may resign by filing out a written resignation to the local chapter or the NAWBO office. No portion of any dues paid shall be refunded to the resigned member.***

**For a listing of member benefits please visit [www.nawbo.org](http://www.nawbo.org)**

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## Membership Application (continued)

Membership in NAWBO is recorded in the name of the individual, not the organization, membership dues are nonrefundable and are billed annually on the anniversary date of acceptance. Upon joining, new members will pay a full year's dues to national and the local chapter. Please Initial \_\_\_\_\_

We are required to advise you that your association dues are not deductible as charitable contributions for federal income tax purposes. In compliance with the Omnibus Budget Reconciliation Act of 1993, it is estimated that 1% of the payment is nondeductible as a business expense.

BUSINESS / COMPANY ANNIVERSARY DATE: \_\_\_\_\_

DESCRIBE BUSINESS SERVICES / PRODUCTS: \_\_\_\_\_

WHAT TYPE OF ENTITY IS IT?

CORPORATION  
PARTNERSHIP  
SOLE PROPRIETOR

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

DO YOU OWN THIS BUSINESS? \_\_\_\_\_ WHAT PERCENTAGE DO YOU OWN? \_\_\_\_\_

IS THIS BUSINESS YOUR PRIMARY SOURCE OF EARNED INCOME? \_\_\_\_\_

IF NOT PLEASE EXPLAIN: \_\_\_\_\_

THE FOLLOWING ITEMS ARE ENCLOSED WITH THIS APPLICATION:

(Note - If you do not wish to enclose an item, or if it is not appropriate to your business, please explain on separate page.)

- BUSINESS CARD
- COPY OF COMPANY CHECK WITH LIST OF APPROVED SIGNATURES
- LETTERHEAD
- LIST OF OTHER OWNERS AND THEIR PERCENTAGES OWNED
- COPY OF COUNTY & CITY OCCUPATIONAL LICENSES
- BUSINESS AWARDS AND/OR ACHIEVEMENTS
- CORPORATE BROCHURE OR FLYER

HOW CAN NAWBO HELP MEET YOUR GOALS: \_\_\_\_\_

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

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## Membership Application (continued)

Your application will be screened and evaluated by the Membership Committee and the Board of Directors. You may be required to attend a personal interview and / or provide us with additional information. Consequently, receipt of your application and check does not ensure automatic acceptance to the Broward Chapter. You will be personally notified within 30-45 days after receipt of your application.

Did anyone refer you to NAWBO? If so, please let us know who that was. \_\_\_\_\_

You are encouraged to add information about yourself and / or company that you feel will aid in this evaluation on a separate sheet of paper.

I HEREBY APPLY FOR MEMBERSHIP IN THE FORT LAUDERDALE / BROWARD COUNTY CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS AND CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Return completed application, payment and other data to:**

**Ida Jolie - NAWBO Membership Chair**  
c/o Peace of Mind Bookkeeping  
1732 NE 26<sup>th</sup> Street - Suite 200  
Wilton Manors, FL 33305  
Fax – 954-587-0667  
Email – [nawbomembership@gmail.com](mailto:nawbomembership@gmail.com)

If you have any questions, please leave a message on our hotline (954-767-8600) and our Membership Chair will get back to you as soon as possible. View our website at [www.NAWBO-FTL.org](http://www.NAWBO-FTL.org)

*Thank you for your time in thoroughly completing this application and your expressed interests in becoming a part of NAWBO.*

Date Received _____	Screened By _____	Comments _____
Payment _____	Date _____	Date Approved _____