



## MEMBERSHIP APPLICATION FORM

Note: All applications will be based on a points system noted below (\*). Applicants will normally require a minimum of 7 points.

Personal Details: (Address, Telephone, Email)	Current Employment (or Self Employed) (Please attach your business card)
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Relevant Academic and Professional Qualifications		
Qualification	Place of Study	Year of Entry
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Eligibility Criteria*	Points Awarded	Actual Points	Personal Statement Please state your principal reason for wishing to join Women in the Professions.
Evidence of Senior Position: Director, Partner or Equivalent <i>or</i>	5		
Self Employed/Entrepreneur	4		
Relevant Professional Qualification, Degree, or Chartered Director Qualification	3		
Membership of Other Professional Body (IOD, SII, IBA, etc)	2		

<p>Sponsor's Declaration</p> <p>I, _____ (please print) being a Member of WIP, confirm that _____</p> <p>is known to me and I further confirm that I consider the applicant suitable for Membership.</p> <p>Signed _____ Date _____</p>
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### Data Protection Information

Please note that in accordance with the Data Protection Law, we are required to inform you that your name and business address will appear in the Membership Directory and may be distributed to WIP Members only. Information will not be passed to third parties for commercial use without a Member's prior consent being separately obtained.