



Women Lead
c/o Gateway Financial Group, Inc.
500 Winding Brook Drive
Glastonbury, CT 06033
(860) 652-4360 ext. 26

Women Lead Membership Application

Date of Application: _____ Referred by: _____

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone (H): _____ (C): _____

E-Mail: _____

Employer: _____

Business Address: _____

Town: _____ State: _____ Zip: _____

Title / Occupation: _____

Business Phone: _____ Website: _____

Business E-Mail: _____

Please use my _____ Home Info or _____ Business Info for all Correspondence (Check One)

Annual dues are \$100.00 and renewals are due on your anniversary month of joining WL.

Please make all checks payable to Women Lead.

Once your application is accepted, we will be contacting you for a profile to post on the WL website.

Below please list anyone who you feel may be interested in our group and she will receive information about Women Lead and may attend a meeting as your guest (limit one meeting as a guest).

Please include their name, e-mail address and phone number.

1. _____
2. _____
3. _____
4. _____
5. _____