**EWI Membership is effective upon receipt of this completed application and full dues payment in the EWI Corporate Office. Please submit this application and payment via mail or via email for processing to your local Recruitment & Retention Director.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHAPTER: EWI of KNOXVILLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHAPTER EMAIL ADDRESS: ewiknoxville@gmail.com**

New 1st Representative

New 2nd Representative

New 3rd Representative

New 4th Representative

New 5th Representative

New Individual Member

New Sustaining Member

New Life Member

Replacement Representative

*Who Is This Representative Replacing?*

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Representative Name:** |  |
| **Firm Name:** |  | **Job Title:** |  |
| **Firm Address:** |  | **Birthdate:** |  |
| **Ste/No.:** |  | **Home Address:** |  |
| **City, State, Zip Code:** |  | **City, State, Zip Code:** |  |
| **Web Address:** |  | **Direct Phone Number:** |  |
| **Phone Number:** |  | **Home Phone Number:** |  |
| **Fax Number:** |  | **Cell Phone Number:** |  |
| **Company Email Address:** |  | **Direct Fax Number:** |  |
| **Year Company Established:** |  | **Representative Email Address:** |  |
| **NAICS Code:** |  | **Executive Name/Title:** |  |
| **Type of Company:** (circle one) | Entrepreneur Local Regional National International | **Executive Email Address:** |  |
|  |  |  |  |
| **Recruited By:** |  | **Recruitment & Retention Director Signature:** |  |

|  |  |
| --- | --- |
| **Descriptions of Dues** | **Amount** |
| CORPORATE MEMBERSHIP DUES  (payable in US dollars only) |  |
| **New Firm/Individual Member Admission Fee**  (one time)  $50.00 | $50.00 (New member) |
| **Annual Dues & Assessments**  Member Representatives - $155  Individual Members - $155  Sustaining/Chapter Life - $35.00 | $155.00 |
| **Credit Card Convenience Fee $10** | $10.00 |
| CHAPTER MEMBERSHIP DUES |  |
| New Firm Admission Fee | 0 |
| Member Firm & Representative/Individual Member | $95.00 |
| Additional Representative | $95.00 |
| Chapter Sustaining/Life Member | 0 |
| Chapter B/C/DP Assessment | 0 |
| Monthly Meeting Fees | 0 |
| OPTIONAL: Pre-pay meeting fees | 0 |
|  |  |
| **TOTAL** | **$250.00 (Renewing)**  **$300.00 (New)** |

|  |
| --- |
| **PAYMENT INFORMATION** |
| Type of Card: |
| Name on Credit Card: |
| Credit Card Number: |
| Expiration Date: CVV Code: |
| Billing Address: |
| * New Member Paid By Check, Check No: \_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_ |

Information You Need to Know: In the United States, dues are not deductible as a charitable contribution for federal tax purposes but may be as a business expense. As part of your membership in EWI, you consent to receive commercial electronic mail and messaging of all types by and from EWI and (i) all EWI Chapters, (ii) all commercial partners, vendors or others engaged or authorized by EWI and its Chapters, (iii) all individual members and representatives of member firms. If at any time you have concerns with any electronic message you should contact any officer or board member of EWI or your chapter. This consent will be effective during the entire period of your membership in EWI.