



Mentoring, Inspiring, Supporting Women
in the Vacation Industry

Application – Corporate Membership

BENEFITS

- Newsletter
- Meetings
- Membership Directory
- Website Access
- Discounts and Invitations to Exclusive Networking, WIN, & Industry Events
- Newsletter and Website Recognition
- Press Release
- Ability to Appoint Committee Representative
- Benefit from University Level Research Studies
- Ability to provide corporate advertising on website and recognition at all WIN events

SELECT YOUR MEMBERSHIP PACKAGE

Corporate Friends - \$999

(includes 3 company-appointed members)

Corporate Patrons - \$1,499

(includes 6 company-appointed members)

Corporate Benefactors - \$2,500

(includes 10 company-appointed members)

CORPORATE INFORMATION

Company: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

PAYMENT INFORMATION

Check (please enclose with application)

Credit Card

Credit Card Type Visa

MC

AMEX

Discover

Name As It Appears On Card: _____

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

Cardholder Signature: _____

Date: _____

Please mail application and corporate member information to:

Women in the Industry, Post Office Box 3509, North Myrtle Beach, South Carolina 29582

COMPANY-APPOINTED MEMBER INFORMATION

Please provide the contact information for your company-appointed members on the following pages and include them in your remittance to WIN. Thank you.

MEMBER 1 – PRIMARY CORPORATE CONTACT

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____
E-mail: _____

MEMBER 2 – (Friends/Patrons/Benefactors Memberships)

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____
E-mail: _____

MEMBER 3 – (Friends/Patrons/Benefactors Memberships)

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____
E-mail: _____

MEMBER 4 – (Patrons/Benefactors Memberships)

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____
E-mail: _____

MEMBER 5 – (Patrons/Benefactors Memberships)

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____
E-mail: _____

MEMBER 6 – (Patrons/Benefactors Memberships)

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____
E-mail: _____

MEMBER 7 – (Benefactors Memberships)

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____

E-mail: _____

MEMBER 8 – (Benefactors Memberships)

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____
E-mail: _____

MEMBER 9 – (Benefactors Memberships)

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____
E-mail: _____

MEMBER 10 – (Benefactors Memberships)

Name: _____
Position/Title: _____
 Use Corporate Address For Communications
 Use Mailing Address Below For Communications
Address 1: _____
Address 2: _____
City: _____ State: _____ Postal Code: _____
Country: _____
Phone: _____ Fax: _____
E-mail: _____

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Dues paid to WIN may not be deductible as a charitable contribution for Federal Income Tax purposes,
but may be deductible as business expenses.