

# Women's Resource Network Membership Application

www.wrnri.org

## APPLICANT INFORMATION

Name:

Phone:

Fax:

Email:

Current address:                      Years Resided?

City:

State:

ZIP Code:

Previous address and length of time:

## EMPLOYMENT INFORMATION

Name of Company:

Company address:

Date Established?

City:

State:

Zip Code:

Phone:

E-Mail:

Fax:

Website:

Position:

How long?

RI Contractor License number:

Are you in good standing with BBB?

Please answer the following questions. You may attach a separate sheet of paper if need be.

Within the last 5 years Has anyone filed a complaint against you? If yes, please explain:

Within the last 5 years Have you been arrested or have any criminal record other than minor traffic violations? If yes, please explain:

Within the last 5 years Have you declared bankruptcy or have a judgment against you that has not been discharged? If yes please explain:

Within the last 5 years Have you been involved in a civil suit where you were ordered to pay a fine to the State of RI, SEC, or any other organization? If yes, Please explain:

## Description of Business

## Package and Method of Payment

Gold: Yearly: \$380 Monthly: \$35

Silver: Yearly: \$290 Monthly: \$28

Bronze: Yearly: \$220 Monthly: \$22

Check

Credit Card: MC V AMEX

Card number:

Expiration:

Code:

Notes:

## References: Please list 3 references of people not related to you.

Name:

Relationship:

Address:

State:

ZIP Code:

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Phone:	Email:	Position
Work performed		
Name:	Relationship	How long have you known person?
Address:	States:	Zip Code:
Phone:	Email:	Position
Work performed		
Name:	Relationship	How long have you known person?
Address:	State:	Zip Code:
Phone:	Email:	Position
Worked Performed		
<b>SIGNATURES</b>		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application		Date
Signature of applicant:		

**Notice of Confidentiality:** All information provided on this application will be kept confidential and will be used for the sole discretion of the Women's Resource Network (WRN). The information provided will determine the viability and credibility of the Provider as well as to maintain the integrity that WRN provides to its subscribers as well as the image it projects to the general public. By signing this application, you are confirming that this information is accurate.

The Women's Resource Network prides itself on providing quality, credible, reliable resources to women. Therefore, WRN reserves the right to decline an application if it deems that the potential provider is not a suitable candidate for the Women's Resource Network. At which time a refund of the ad will be returned if one was provided.

**Placement:** Please allow 3-5 business days for the ad to be approved. If you have a logo, video or newsletter to be included in your listing, please email that to [info@wrnri.com](mailto:info@wrnri.com). One of our representatives will be in touch with you to verify your listing and that the information is accurate. We welcome any feedback you may have. As a provider, we encourage you to participate in our seminars, or to include coupons or articles in our bimonthly newsletter.

We welcome you to the Women's Resource Network! Should you have any questions, you may email us at [info@wrnri.com](mailto:info@wrnri.com) or call us at 401-536-0253

For use by the Women's Resource Network

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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