

W.I.N. Membership Application

Date: _____

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone: (Work) _____ (Fax) _____ (Home) _____

Email: _____ (Cell) _____

Birthday (MM/DD) _____ Wedding Anniversary (MM/DD/YY) _____

Which Committee would you be interested in working on? _____

The purpose of WIN is to support and assist each other in our sales and business development. We never compete with each other. Each member is allowed to represent only one service or product within WIN. Therefore, the category of membership to which you apply is the only business/service/product that you can promote within the group.

Category of Business (one or two words that best describe your service/product)

Type of Business (describe fully, listing type of services, products, etc.)

Who referred you to WIN?: _____

Note: A \$10 Membership Application Fee must accompany your application. This fee is non-refundable. Annual dues are \$40 and are to be submitted with this application. The dues will be refunded should your application be denied. Please make the check out to WIN. **The completed application must be received within 7 days following the monthly meeting to be considered for membership the next month.** Please mail to the Director of Membership: Teresa Scherffius – 4233 Bardstown Rd, 100C, Louisville, KY 40218 or scan/take picture & Email to: Teresa@Physicaltherapygroupinc.com

If you have any addl questions, please email or call Teresa at 502-493-3800