



Box 277
19 Colonnade Way, Suite 117
State College, PA 16803
814.360.1063 / www.WiNGs.org

Thank you for your interest in WiNGs. We trust you have found this meeting valuable and that it has sparked your desire to be part of this dynamic group of women entrepreneurs. Some of the benefits of membership in WiNGs you will experience are:

- Be part of a vibrant community of women entrepreneurs
- Network opportunities for your business
- Get help from seasoned professionals in other businesses
- Safe and courageous forum to test new ideas
- Supportive base of women business owners who like to think out of the box

If you would like to be considered for membership, please fill out the attached application and submit it to the President. All applications for a business category are processed on a first come, first serve basis. After submission of your application, it will be reviewed at our next Membership Meeting (3rd Wednesday of every month). Therefore, we ask that once you submit an application that you do not attend any meetings until you are notified of your application status.

You will be informed within one week after the next Membership Meeting whether or not your application has been approved. The following outlines our eligibility requirements and our application process.

Eligibility

To be eligible for membership, the applicant must meet all of the following criteria:

- Be a woman entrepreneur or active business owner (minimum 50% ownership) or a non-profit resource for women-owned businesses
- Have 50 employees or less
- Not be a duplication of an existing member's business category and/or industry

Application Process

As a means of allowing every member to have a voice in the membership of the group, the following membership application and approval process has been adopted:

For any available business category:

- Guests are eligible to attend a meeting up to 2 times to evaluate if the group is beneficial for them before they would need to make a decision to apply for membership.
- All guests must be approved by the President in order to determine if the business category is available and to keep track of attendance.
- Applications for membership will be accepted at any point and must be submitted to the President.
- Membership applications for any given business category will be voted upon on a first come, first served basis.
- All current members of WiNGs as of January 1, 2007 are considered charter members and are exempt from the application/approval process.
- Applicant will be notified of membership status within 1 week of vote.

Once application is approved, you will be notified and payment of annual dues will be required within 30 days. Membership dues are pro-rated for the calendar year.

Annual Dues*:	First Year:	\$40 \$10 application fee (one time fee)
	Subsequent years:	\$40

Thank you again for your interest. We hope you will join us and be enriched by your participation in our organization.

*Membership dues are subject to change at any point based on the determination of the Board of Directors.

Code of Ethics

This Code of Ethics is a set of principles to provide guidelines in our professional conduct with our businesses, colleagues, and community. As a member of WiNGs, I pledge to exercise judgment, self-restraint, and conscience in my conduct in order to establish and maintain public confidence in the integrity of WiNGs members and to preserve and encourage fair and equitable practices.

Members

- I will seek and maintain an equitable, honorable, and cooperative association with other WiNGs members and will treat them with respect and courtesy.
- I will respect the intellectual property rights (materials, titles, and thematic creations) of WiNGs and its members and will not use proprietary information or methodologies without permission.
- I will act and speak on a high professional level so as not to bring discredit to WiNGs or other women-owned businesses.
- Personal information that is shared with WiNGs members will be held in strict confidence and will be shared only when it is to assist another member or when permission is obtained.
- As a member of WiNGs, I will treat all members equally no matter what their race, creed, color, religion, or national origin.

As a Woman-Owned Business

Working Relationships

- I will serve my clients with integrity, competence, and objectivity, and will treat them with respect and courtesy.
- I will offer services in those areas in which I am qualified and will accurately represent those qualifications in both verbal and written communications.
- When unable or unqualified to fulfill requests for services, I will make every effort to recommend the services of other qualified woman-owned businesses and/or other qualified professionals.
- I will advertise my services in an honest manner and will represent my business accurately.
- I will make recommendations for products and services with my client's best interests in mind.

Confidentiality

- I will use proprietary client information only with the client's permission.
- I will keep client information confidential and not use it to benefit myself or my firm, or reveal this information to others.

I, _____ agree to abide by the Code of Ethics stated above.
Your Name

Signature

Date



Mission Statement

WiNGs is committed to empowering women entrepreneurs by providing each member the opportunity to enhance her unique strengths.

This is achieved by sharing her business experiences and knowledge through regular meetings, a strong network of professional contacts, educational opportunities, and ongoing support. The success of the members of WiNGs will continually be celebrated.





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WINGS MEMBERSHIP APPLICATION

Name: _____ Email Address: _____

Business Name: _____ Website: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best time to contact: Day _____ Evening _____ Week-end _____

How did you hear about WINGS? _____

Business Category/Industry _____

Percentage of business owned by woman _____

What do you hope to gain by being a member of WINGS? _____

Office Use Only: Date Application Received _____ Date Dues Received _____

