



ORGANIZATION OF WOMEN IN INTERNATIONAL TRADE - HOUSTON

MEMBERSHIP APPLICATION

Name:

Mailing address:

City:	State: Texas	Zip code:
Phone:	Fax:	E-mail:

MEMBERSHIP INFORMATION

<input type="checkbox"/> Student Membership \$20	<input type="checkbox"/> Individual Membership \$50	<input type="checkbox"/> Corporate Membership \$120 (Includes 3 individual memberships)
--	---	--

Membership Type: New member Renewing member
 If previous member, please name chapter: _____

EMPLOYMENT INFORMATION

Business Name:	Address:	
City:	State: Texas	Zip code:
Phone:	Fax:	E-mail:

Website:

FUNCTION / OCCUPATION

Please check all that apply

<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Energy	<input type="checkbox"/> Information services	<input type="checkbox"/> Retail/ Sales
<input type="checkbox"/> Consulting	<input type="checkbox"/> Exporting	<input type="checkbox"/> Insurance	<input type="checkbox"/> Service
<input type="checkbox"/> Customs Broker	<input type="checkbox"/> Finance/ Accounting	<input type="checkbox"/> Legal	<input type="checkbox"/> Translation services
<input type="checkbox"/> E-commerce	<input type="checkbox"/> Government	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Transportation/Logistics
<input type="checkbox"/> Education	<input type="checkbox"/> Human resources	<input type="checkbox"/> Marketing/ Comm.	Other: _____
<input type="checkbox"/> Electronics	<input type="checkbox"/> Importing	<input type="checkbox"/> Medical/ Biotech	

REGIONS OF OPERATION

Please check all that apply

<input type="checkbox"/> Africa	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Mexico
<input type="checkbox"/> Asia/ Pacific	<input type="checkbox"/> Europe	<input type="checkbox"/> Middle East
<input type="checkbox"/> Canada	<input type="checkbox"/> Latin America	<input type="checkbox"/> United States

VOLUNTEER OPPORTUNITIES / TOPICS OF INTEREST

Please check choice of interests

COMMITTEES	MEETINGS OF INTEREST
<input type="checkbox"/> Programs <input type="checkbox"/> Newsletter <input type="checkbox"/> Event coordination <input type="checkbox"/> Membership <input type="checkbox"/> Fundraising	<input type="checkbox"/> Career development <input type="checkbox"/> Export <input type="checkbox"/> Finance <input type="checkbox"/> Import <input type="checkbox"/> Legislation Trade Policy <input type="checkbox"/> Logistics <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marketing <input type="checkbox"/> Networking <input type="checkbox"/> Regulatory update
Other: _____	

LANGUAGES

Please list: Spanish French Italian Other: _____

MAKE CHECK PAYABLE AND MAIL APPLICATION TO:

Diana Patrick- VP Membership
OWIT-Houston, Inc.
c/o Associated Transport Line
2 Northpoint Dr., Suite 975
Houston, Texas 77060