



## Brilliant Minded Women Organization Application Form

<b>Membership Type</b> \$100 Individual <input type="checkbox"/> *    \$150 Business <input type="checkbox"/> *    \$150 Corporate <input type="checkbox"/> *		
*Note: 50% of your membership fee will be directed towards the Brilliant Minded Women Foundation Scholarship Program		
<b>Business Name</b> (if applicable)		
Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Home Address</b>		
<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email address:</b>		
<b>Business Address (if applicable)</b>		<b>Phone number</b>
<b>City</b>	<b>Province</b>	<b>Fax</b>

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_