



Membership Application

Name: _____ Credentials: _____

Address: _____ City: _____ State: _____

Occupation: _____ Date of Birth: ____/____/____

Email Address: _____ Phone: (____) _____-_____

Highest Level of education completed: Associates Bachelors Masters Doctorate

Educational Institution last attended:

****Please attach a copy of your updated professional resume/curriculum vitae****

Are you currently employed? YES NO

If yes, where? : _____

Years in current position: _____ Total number years of experience: _____

Briefly explain why you would like to be a member of BWISE:

Describe your personal/professional strengths that would benefit BWISE as well as your mentee:



Professional Member Expectations

1. Commit to at least 8 contact hours with the mentee per month
 - a. Provide the “Basic*” mentor skills
 - b. Provide the agreed upon requested “Custom**” mentoring skills to the best of your ability.
2. Commit to at least a nine-month relationship with the mentee**
3. Attend 7 of 10 monthly meetings in one calendar year.
4. Attend a minimum of three events per year. Can be a combination of fundraisers or events.
5. Uphold financial commitment (annual dues)
6. Complete Mentor Training Program
7. Sell a minimum of two tickets to the Annual Scholarship Gala.

I, _____ *print*, agree to the above listed member expectations.

Signature: _____ Date: _____

*: Basic Mentor skills include resume building, interview tips, _____

**: Custom Mentor skills are requested by the mentee and are specific to their desired profession. Will be agreed upon prior to initiation of mentor/mentee relationship.

***: A nine month relationship is the ideal minimum to devote to the mentor/mentee relationship to have the desired positive effect. Premature termination of the relationship requires board request/approval.