



THANK YOU FOR TAKING A PLACE IN THIS AMAZING CIRCLE OF FRIENDS...

Name:	*
Personal phone number:	*
Home Address & <u>Postal Code</u>: *	*
Name of Company or Business:	*
Company or Business phone number:	*
Address of Company or Business & Postal Code:	*
Fax: / email:	
Mobile: *	
Details of Profession or Type of Business:	
Type of alliances or references that would help your business or profession:	
Number of employees:	
How long have you being practicing :	
Date of birth:	*
How did you hear about WIN	
How long have you attending the WIN meetings?	
Would you spread the word about WIN:	
Testimonial or suggestions: *New member: *Renewal: **Today's Date:	

MEMBERSHIP APPLICATION FORM: Remit this copy only with your payment - \$105.
Cheque made up to W.I.N. mailing address: 221 – 20 Burkebrook Pl. Toronto, Ontario, M4G 0A1

Phone : (416) 226-3288 • Fax : (416) 226-2788
Web site : www.winwithresults.ca • Email : info@winwithresults.ca