



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

<b>Name:</b>	*
<b>Personal phone number:</b>	*
<b>Home Address &amp; <u>Postal Code</u>:</b> *	*
<b>Name of Company or Business:</b>	*
<b>Company or Business phone number:</b>	*
<b>Address of Company or Business &amp; Postal Code:</b>	*
<b>Fax: / email:</b>	
<b>Mobile: *</b>	
<b>Details of Profession or Type of Business:</b>	
<b>Type of alliances or references that would help your business or profession:</b>	
<b>Number of employees:</b>	
<b>How long have you being practicing :</b>	
<b>Date of birth:</b>	*
<b>How did you hear about WIN</b>	
<b>How long have you attending the WIN meetings?</b>	
<b>Would you spread the word about WIN:</b>	
<b>Testimonial or suggestions:</b> *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: 923 Avenue Rd. Main Floor Toronto , On. M5P 2K7**

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