



561-512-9728

www.WomensLEG.com

Nancy@WomensLEG.com

MEMBERSHIP FORM:

FIRST NAME _____

LAST NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NO. _____

EMAIL _____

BIRTHDAY MONTH _____ DAY _____

METHOD OF PAYMENT:

AMOUNT: _____

CASH: _____ CHECK NUMBER: _____

Please make check payable to:

Women's Leadership & Empowerment Group, LLC or WLEG

CREDIT CARD: **Invoiced through PayPal.**

AMOUNT: _____

SIGNATURE: _____

By signing this document you are authorizing Women's Leadership & Empowerment Group, LLC to invoice your membership via PayPal.

***NOTE: Mail completed form and payment to:
WLEG, c/o Nancy Pena-Brink, 15865 Meadow Wood Drive,
Wellington, Florida 33414***