

Thank you for your
interest in
POWHer!

PLEASE PRINT.

DATE: _____

NAME: _____ TITLE: _____

BUSINESS NAME: _____ PERCENTAGE (%) OF OWNERSHIP: _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

WEBSITE: _____

INVITED OR REFERRED BY: _____

CORPORATE MEMBERS ONLY

NAME #2: _____ TITLE: _____

PHONE: _____ EMAIL: _____

SELECT MEMBERSHIP LEVEL

<input type="checkbox"/> POW MEMBERSHIP SINGLE PAY - \$199	<input type="checkbox"/> PLATINUM MEMBERSHIP <input type="checkbox"/> SINGLE PAY - \$995 OR <input type="checkbox"/> 3-PAY - \$340/MO.	<input type="checkbox"/> CORPORATE MEMBERSHIP <input type="checkbox"/> SINGLE PAY - \$1,495 OR <input type="checkbox"/> 3-PAY - \$510/MO.	<input type="checkbox"/> NON-PROFIT MEMBERSHIP SINGLE PAY - \$250
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CHOOSE PAYMENT METHOD

CHECK MAKE CHECK PAYABLE TO: INTEGRITY PARTNERS, INC

CREDIT CARD VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER↑ _____ EXP. DATE _____ SECURITY CODE _____

PRINT CARD HOLDER NAME AS IT APPEARS ON THE CARD ↑ _____

BILLING ADDRESS AND ZIP CODE ↑ _____

SIGNATURE: _____

Submit your application and membership fee:
by **EMAIL** to info@POWHerOfWE.com by **FAX** to 702-529-4099
MAIL to: POWHer of WE | c/o Lanetta Lillis | 5252 Ricky Rd Las Vegas NV 89130

**** FOR YOUR SECURITY, DO NOT EMAIL FULL CREDIT CARD NUMBER ****

IMPORTANT NOTE: Membership fee will be processed upon approval of application for membership.
If you have any questions, please contact Membership Chairs:
Lanetta Lillis **702-529-0090** | Jana Forsythe **702-485-5983**
POWHer of WE™ Corporate **702-930-9503.**