



Dear Future Member:

Women Weight & Why, Inc. (*WWW*) is pleased and honored that you have chosen to be a part of this new innovative organization for women in support of health and education.

*WWW* represents women that are committed to a positive and healthy lifestyle. We should have a sincere concern about society regardless of nationality, race, creed or gender. By expanding our views, it creates opportunity for unity that challenges us to step outside of our comfort zone.

Enclosed is your membership information, please complete and return at your earliest convenience.

We thank you again for supporting this effort and wish you much success with any and all objectives you have in store for Women Weight & Why, Inc.

Sincerely,

*Veronica Campbell*

Founder & President



## Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Personal Skills/Hobby/Interest: \_\_\_\_\_

Cont.: \_\_\_\_\_

Worship Location (Optional): \_\_\_\_\_

Reason for joining (Circle): Health - Social - Network - Outreach - All

Affiliated Organization/Agency/Member in Business and Web Address:

Name: \_\_\_\_\_

Web Address: \_\_\_\_\_

Name: \_\_\_\_\_

Web Address: \_\_\_\_\_



## THE PLEDGE

WWW encourages its members to actively commit to the following:

- Be an active registered voter.
- Schedule exams and physicals (age specific).
- Reduce risk of heart disease and strokes.
- Perform monthly breast exams.
- Increase water consumption (person specific).
- Promote and support education.
- Support community outreach.
- Exercise and maintain proper diet (person specific).
- Donate blood quarterly (person specific).
- Increase awareness on all of the above to others.

I, \_\_\_\_\_,

will make every effort to follow the guidelines set forth by Women Weight & Why, Inc. so that I may live a healthier lifestyle.

(MEMBER KEEPS PLEDGE)



## Member Acknowledgement Form

I, \_\_\_\_\_, hereby acknowledge that all information shared within this organization is for enrichment purposes only. I also acknowledge that this group is not designed nor legally authorized to act as a practicing medical health professional in ANY capacity. Women Weight & Why, Inc. will not be held liable for any and all health related injuries caused while participating in activities coordinated by the organization.

Additionally, I further acknowledge and consent to WWW photographing me for the sole purpose of showcasing and promoting events for and with the organization. Any photos obtained by the organization that are not to my satisfaction will need to be addressed to the organization in writing for removal of promotion.

Finally, I have been advised to consult with my family doctor, private physician or any health care agency on any and all issues specific to my health care needs.

Signature, \_\_\_\_\_ Date: \_\_\_\_\_



## Member Profile

Women Weight & Why, Inc. would like you as a new or existing member to participate in our member profile directory. The directory will give a basic overview of you as a member and a few highlights of your personal interest.

We are requesting a recent personal or professional “headshot only” photograph of you sent via email to [info@womenweightwhy.com](mailto:info@womenweightwhy.com) or US Mail.

The following information will be listed:

Full Name  
Member Date  
Location  
Employer  
Occupation  
Interest  
Affiliated Organization  
Worship Affiliation (Optional)

After your information has been received and entered, a draft copy will be sent to you for final approval.

We hope that you will participate and enjoy our WWW Member Profile Directory.

Member Profile Committee