

MISSION STATEMENT

The Women's Alliance is an outreach of the Arlington Chamber of Commerce that focuses on empowering and uniting women through business and community endeavors. The Women's Alliance pledges to offer leadership, mentoring, and direction to its devoted members and is committed to strengthening women as professional, business, community and civic leaders.



MEMBERSHIP

A Women's Alliance member must be in good standing with the Arlington Chamber of Commerce or be employed by a corporate member in good standing with the Arlington Chamber of Commerce. If employed by a corporate member, formal endorsement of the employer is required to become a member of the Women's Alliance.

BENEFITS

Professional networking – Women's Alliance members receive support and assistance to build solid personal and professional relationships and become a more recognized business leader in the greater Arlington community. The Women's Alliance empowers its members to welcome and mentor new chamber members to further engage them in chamber initiatives.

Professional Development – Women's Alliance members are given the opportunity to attend professional development seminars that focus on current "hot topics" in the community.

ATTENDANCE AND PARTICIPATION EXPECTATIONS

Regular attendance is vital to the success of both the individual and the group. Members are encouraged to attend networking, professional development and our two signature events.

LEADERSHIP AND LEADERSHIP SELECTION

Women's Alliance leaders are selected using the Chamber's nominations process. Leaders serve one-year terms beginning October 1 with a maximum of three consecutive years. At a minimum, group leaders include a chair, vice chair and secretary.

Membership Application

I have read and understand the guidelines for participating in the Women's Alliance and agree to abide by them.

Name: _____ Title: _____

Company: _____

Email: _____ Phone: _____

Signature: _____ Date: _____



If employed by a corporate member, please add the endorsement of your manager.

Managers Name (Please Print): _____

Managers Signature: _____ Date: _____

Women's Alliance Officers:

CHAIR
Katie Carlson
Frost Bank

VICE CHAIR
Heidi Allison
Sugar Bee Sweets Bakery

IMMEDIATE PAST CHAIR
Andrea Proctor
Arlington Today

_____ The Women's Alliance Executive Committee would like your permission to send relevant information via email. By checking the box you have given the Chamber authorization to provide your email to Executive Committee members.

For more information:
www.ArlingtonTX.com/site/WA
817-543-4293

