



WOMEN HELPING WOMEN™

Hollywood Global Entertainment Network®

311 Robertson Blvd., #553

Beverly Hills, CA 90211

Phone: (323) 465-9800

Dear Prospective Women Helping Women Member:

Thank you for your interest in Women Helping Women. We have outlined below a few important factors pertaining to membership in Women Helping Women.

MEMBERSHIP FEE:

General Individual: \$95; Associate (student): \$65; Corporate: \$495 (one company, 3 memberships).

PROCESSING FEE: One Time Payment

General Individual & Associate (Student): \$35; Corporate: \$105.00.

MEMBERSHIP BONUS:

Help build the Women Helping Women membership base. Sponsor one or more of your entertainment industry associates who may qualify for and benefit from WHW membership.

WHW members are provided with the opportunity to have their **membership extended by one year** for every 3 members they enroll, and **lifetime membership** for every 10 or more members they enroll. These opportunities are subject to membership status at the time.

WHO SHOULD JOIN:

Writers, producers, directors, development and production execs, music execs, casting directors, agents, managers, attorneys, financiers, editors, physical production talent, actors, performers, etc., at various levels of accomplishment, with at ***least two years experience*** in the entertainment industry, and ***who fully understand and embrace*** the premise of Women Helping Women. The two-year entertainment industry experience requirement is ***waived for students of film, television, and music*** (proof is required) and ***may*** also be waived for with a compelling reason for requesting waiver consideration.

Please enclose the following to enable us to properly process your application:

1. Signed, two-page application (the application ***must be completed in full***)
2. Signed and dated Women Helping Women Pledge
3. Bio/resume
4. Photo
5. Business card
6. Check or money order to reflect membership level and processing fee and made payable to Hollywood Global Entertainment Network or HGEN **OR**
7. Completed Credit Card Payment information & Authorization

NOTE: ORIGINAL COPIES OF ALL FAXED APPLICATIONS MUST ALSO BE MAILED TO US

Please mail your completed application package to: **HGEN, 311 N. Robertson Blvd., #553, Beverly Hills, CA 90211, Beverly Hills, CA 90211**

You may expect to receive a response within six weeks.

Thank You.

Membership Department

[Download the Application Package at our Website:](#)

Women Helping Women™
-CONNECTIONS IN ENTERTAINMENT-



**WOMEN
HELPING
WOMEN™**

Join the Movement ~ Make a Difference!

"Reaching UP, Reaching OUT, Reaching BACK!"™

**MEMBERSHIP APPLICATION
&
CODE OF ETHICS & CONDUCT**

**WOMEN HELPING WOMEN™
GENERAL MEMBERSHIP APPLICATION**

PLEASE TYPE OR PRINT CLEARLY

All information must be typed or clearly printed/handwritten to process your application.

ALL INFORMATION IS ABSOLUTELY CONFIDENTIAL

DATE: _____

TYPE OF MEMBERSHIP: INDIVIDUAL STUDENT CORPORATE

SEX: FEMALE MALE RACE/ETHNICITY: _____

INVOLVED IN: MOVIES TELEVISION MUSIC STAGE OTHER _____

NO. OF YEARS IN THE ENTERTAINMENT INDUSTRY: _____

CONTACT INFORMATION FOR WHW OFFICE USE ONLY – PLEASE COMPLETE IN FULL

FULL LEGAL NAME: _____

PROFESSIONAL NAME: _____

PROFESSION: _____

COMPANY NAME: _____

TYPE OF COMPANY: _____

YOUR TITLE: _____

COMPANY LOCATION (ADDRESS): _____ SUITE # _____

CITY/TOWN: _____ STATE/PROVINCE: _____

POSTAL CODE: _____ COUNTRY: _____

DO YOU CURRENTLY EARN YOUR LIVING IN THE ENTERTAINMENT INDUSTRY: Yes No Part-Time

CAREER OBJECTIVE: _____

YOUR MAILING ADDRESS: _____ SUITE # _____

CITY/TOWN: _____ STATE/PROVINCE: _____

POSTAL CODE: _____ COUNTRY: _____

WORK PHONE: _____ DIRECT: _____

WORK FAX: _____ CELL: _____

HOME PHONE: _____ HOME FAX: _____

HOME ADDRESS: _____

WEBSITE(S): _____

EMAIL ADDRESS: _____

(In order to receive our emails, please put WOMENHELPINGWOMENMAIL@HGENONLINE.COM in your address book)

REPRESENTATION: Agent Manager Attorney

1. NAME: _____

Address & Phone: _____

2. NAME: _____

Address & Phone: _____

3. NAME: _____

Address & Phone: _____

MEMBERSHIP AFFILIATIONS (UNIONS/GUILDS/ORGANIZATIONS): _____

CONTACT INFORMATION FOR PUBLICATION

Members' names, title/profession, company name and one phone number MUST be available to WHW membership

Please check all that apply

- WHW may list or provide all of my contact information listed above to WHW members and Others
- WHW may list/provide ***only*** the following of my ***checked*** contact information to WHW members and Others:
 - Company Name Work Address Work Phone Direct Work Phone Work Fax
 - Mailing Address Home Address Home Phone Home Fax Cell Email
 - Website(s) Unions/Guilds Representation Info

SPECIAL SKILLS: 1. _____ 2. _____
3. _____ 4. _____

HOBBIES/INTERESTS: _____

SPECIAL AWARDS OR NOTEWORTHY CREDITS: _____

LIST ANY PERSONS YOU KNOW PERSONALLY OR HAVE ACCESS TO IN HOLLYWOOD: _____

WHY DO YOU WANT TO JOIN WHW? (Attach add'l sheets if necessary) _____

What do you bring or intend to bring to WHW and its membership? (Attach additional sheets if necessary) _____

What do you hope or expect to get out of your membership in WHW? (Attach additional sheets if necessary) _____

What was the most recent thing you did to help another woman in the entertainment industry? (Attach add'l sheets if necessary): _____

WHW MEMBERSHIP REQUIREMENT:

WHW members must participate in **Project Reach Up, Reach Out & Reach Back™**, a WHW mentorship program, whereby members agree to reach out and mentor another WHW member in need of assistance for at least 30 days of each year that membership is current.

Mentorship:

- I would like to mentor (specify e.g., writer, producer, make-up artist): _____
- I would like to: be mentored by and/or intern with a: _____

WHW Career Enhancement – Group Involvement:

- I would like to: start head be part of a group or subgroup pertaining to:
 - Producing (specify area of interest) _____
 - Writing (specify area of interest) _____
 - Directing (specify area of interest) _____
 - Acting (specify area of interest) _____
 - Comedy (specify area of interest) _____
 - Music/Singing (specify area of interest) _____
 - Dancing/choreography (specify area of interest) _____
 - Digital Technology (specify area of interest) _____
 - Financing (specify area of interest) _____
 - Other (specify area of interest) _____

WHW SPONSOR: _____

I DO NOT HAVE A WHW SPONSOR. I WISH TO WAIVE THIS REQUIREMENT BECAUSE: _____

REFERENCES:

PLEASE LIST TWO BUSINESS AND TWO PERSONAL REFERENCES

<u>Name of reference:</u>	<u>Relationship:</u>	<u>Phone:</u>
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____
4. _____	_____	() _____

THE FOLLOWING MUST BE ATTACHED: BIO RESUME PHOTO BUSINESS CARD

Please sign me up as a member of **WOMEN HELPING WOMEN™**

SIGNATURE (required)

ALL APPLICATIONS ARE SUBJECT TO REVIEW. Send **completed** (and *hard copies of any faxed*) application, **SIGNED WHW Pledge**, and **bio/resume, business card, photo**, along with **credit card info, check or money order** payable to Hollywood Global Entertainment Network or HGEN, 311 N. Robertson Blvd., #553, Beverly Hills, CA 90211.

WOMEN HELPING WOMEN

MEMBER PLEDGE

THIS **SIGNED** FORM MUST ACCOMPANY YOUR MEMBERSHIP APPLICATION

WOMEN HELPING WOMEN MEMBER PLEDGE:

I am a trailblazer and an innovator. I hereby promise to make a difference, to give back and serve as a source of encouragement and support to other women in the entertainment industry – specifically women within the WHW community/network.

In that regard, I affirm my commitment to support, inspire, think more readily about hiring and collaborating on a more consistent basis, facilitate and share connections, opportunities, and the benefit of my knowledge and experiences. I shall specifically not discriminate against others on the basis of race, national origin, age, gender or disability.

I have read the Women Helping Women Code of Ethics & Conduct (the “WHW Code”) and as a member of Women Helping Women, I agree and further pledge myself to comply with, uphold, promote and practice the ideals and standards of Women Helping Women as set forth in the WHW Code, and will embrace and use this opportunity to set, and be, an example to others.

SIGNATURE

PRINT NAME

DATE: _____

WOMEN HELPING WOMEN MEMBERSHIP PAYMENT FORM

ANNUAL MEMBERSHIP FEE & ONE-TIME NON REFUNDABLE PROCESSING FEE:

INDIVIDUAL - \$130.00 (USD) ASSOCIATE (STUDENT) - \$100.00 (USD) CORPORATE - \$600 (USD)

FORM OF PAYMENT: Cash Credit Card

Check # _____ Bank _____

CORPORATE MEMBERSHIP INFORMATION:

NAME OF COMPANY _____

COMPANY MEMBER #1. _____

COMPANY MEMBER #2. _____

COMPANY MEMBER #3. _____

CREDIT CARD AUTHORIZATION:

ALL INFORMATION IS **ABSOLUTELY CONFIDENTIAL**

INFORMATION TAKEN/RECEIVED BY PHONE IN PERSON BY: _____

MAIL FAX

TYPE OF CREDIT CARD: MasterCard Visa

ACCOUNT #: _____

EXPIRATION DATE: _____ 3 OR 4 DIGIT CODE: _____

NAME AS IT APPEARS ON CREDIT CARD: _____

BILLING ADDRESS: _____

STATE /GOVERNMENT ISSUED I.D. : _____

PLEASE CHARGE MY CREDIT CARD IN THE AMOUNT OF: \$ _____ FOR MEMBERSHIP IN WOMEN
HELPING WOMEN FOR _____ YEAR(S)

SIGNATURE: _____

PRINT NAME: _____ DATE: _____
