



To participate in this Tsuts'weye program, your business must be located within the Shuswap region and be owned/part-owned by a female.

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY/PROV: _____ POSTAL CODE _____

BEST BUSINESS PHONE # TO REACH YOU : _____

BEST EMAIL TO REACH YOU : _____

CELL PHONE : _____

WEBSITE: _____

OTHER SOCIAL MEDIA: _____

1. What is your role in the company? _____

2. Is your business a: Sole Proprietor Corporation Partnership

3. How long has your business been established? _____

4. How many employees do you have? ___ Full-time ___ Part-time ___ Seasonal

5. Please indicate your annual revenue: Under \$250K Under \$500K Over \$1 Million

6. Preferred Session: Sept - Feb Nov - Apr

In submitting this application, I know that I am applying to reserve one of only ten spaces being offered to women in our Shuswap region. I understand that I am making a commitment to complete the on-line assessment to evaluate myself and my company. **I will attend each of the five group sessions plus three months of group support and training.** This is on a Monday. I agree that my full participation is important to my business and I will be an active part of the peer mentor system. Other women will count on my attending the peer mentor group and being a contributing member.

SIGNATURE: _____

DATE: _____

