



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. Spring Session:  April - September

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 nine 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: \_\_\_\_\_

