



## **WOMEN BUSINESS MENTORING INITIATIVE**

**Surname**

**Firstname(s)**

**Date of birth**

**Place of birth**

**Address**

**Post code and Town**

**e-mail address (professional and/or personal)**

**Current activities**

**Professional (function, areas of responsibility, expertise...)**

**Personal (the most important points...)**

**Best professional experience with regard to mentoring (previous experience as a mentor or Mentee)**

**In your view, what do women most need, at this moment in time, to support them in their professional life?**

**You wish to join WBMI**

**As a Mentor? Why?**

**As a Mentee? Please complete the application form**

**Other comments**

**Thank you for your interest in WBMI. We will get back to you as soon as possible.**

**The completed file can be sent**

**- by mail to this address :**

**WBMI – Women Business Mentoring Initiative  
13 boulevard Malesherbes  
75008 Paris FRANCE**

**- by email at : [contact@women-business-mentoring-initiative.com](mailto:contact@women-business-mentoring-initiative.com)**

**- by the contact form, with an enclosed "zip file"**