

# E.C. Cannon Memorial District

## ECCMD Business and Professional Women's Federation

### BUSINESS QUESTIONNAIRE

Name of Business Owner or Professional Career Woman: \_\_\_\_\_

Name of Business Owner's church in the E.C. Cannon Memorial District: \_\_\_\_\_

Business Owner's Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business location and/or website: \_\_\_\_\_

Willingness to mentor? \_\_\_\_\_

Willingness to accept interns and provide free job training? \_\_\_\_\_

Willingness to participate in charity events? \_\_\_\_\_

Please feel free to tell us about your company, your profession, your goals, etc.:

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Please submit to [lc.eccmd.bpwf@gmail.com](mailto:lc.eccmd.bpwf@gmail.com)

Thank you!