

# Invictae Legacy Membership Registration Form

## Personal Information

Full Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Company/Organization Name (if applicable): \_\_\_\_\_  
Job Title/Position: \_\_\_\_\_

## Address

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

## Membership Type

Legacy Membership

## Reason for Joining Invictae (Check All That Apply)

- Networking Opportunities
- Professional Development
- Access to Exclusive Resources and Tools
- Collaboration Opportunities with Fellow Female Business Leaders
- Advocacy for Access to Capital for African Female Business Leaders
- Co-Investment Initiatives & Creative Business Synergies

## Payment Information

- Membership Fee Paid
- Payment Method (Check One):
- Credit Card
- Bank Transfer
- Other (Please Specify): \_\_\_\_\_

## Additional Comments or Questions

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Please return this form to [conciierge@weareinvictae.com](mailto:conciierge@weareinvictae.com) or submit online at [www.weareinvictae.com](http://www.weareinvictae.com)  
We eagerly anticipate your membership and look forward to welcoming you into our esteemed community.

I N V I C T A E

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