



P.O. Box 1062 • Kenosha, WI 53141-1062

OFFICE USE ONLY:

DATE: ___/___/___

Amount Paid: \$ _____

Name Tag _____

Directory _____

NEW MEMBER FORM

Please complete this form and return with a check for \$75

(Includes \$10 for name tag and directory binder)

Make check payable to *KENOSHA WOMEN'S NETWORK*. PLEASE PRINT

NAME: _____

TITLE/OCCUPATION: _____

NAME OF BUSINESS: _____

KWN DIRECTORY BUSINESS CLASSIFICATION: _____

BUSINESS STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

BUSINESS PHONE: () _____ FAX: () _____

HOME ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: () _____ E-MAIL: _____

WEBSITE URL: _____

HOW DID YOU FIND OUT ABOUT KWN? _____

REFERRED BY: (member's name) _____

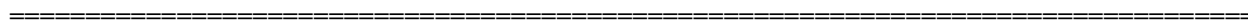
PLEASE WRITE IN *THIRTY WORDS OR LESS* A DESCRIPTION OF YOUR BUSINESS AND/OR PERSONAL INTERESTS. INFORMATION WILL BE PRINTED IN THE KWN ANNUAL DIRECTORY.

YOU ARE ENCOURAGED TO PARTICIPATE ON THE BOARD OR AS A COMMITTEE CHAIR/MEMBER. PLEASE CHECK ALL AREAS OF INTEREST.

___ PRESIDENT ___ VICE-PRESIDENT ___ SECRETARY ___ TREASURER ___ FUNDRAISING

___ COMMUNICATIONS/NEWSLETTER ___ RESERVATIONS ___ GREETERS ___ MENTORING

___ PUBLIC ISSUES ___ PUBLICITY ___ OTHER _____



REQUIRED NAME TAG ORDER FORM (cost \$10 included)

NAME: _____ PIN? _____ OR CLIP? _____

BUSINESS NAME AND/OR TITLE: _____

*****TELL A FRIEND OR TWO ABOUT KWN*****