



OFFICE USE ONLY:

DATE: ___/___/___

Amount Paid: \$_____

Name Tag _____

Directory _____

NEW MEMBER FORM

*Please complete this form and return, along with your check for \$64
(Includes \$9 for name tag and \$5 for 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 \$9 included)

NAME: _____ PIN? _____ OR CLIP? _____

BUSINESS NAME AND/OR TITLE: _____

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