

Kenosha Women's Network
PO Box 1062
Kenosha, WI 53141-1062

OFFICE USE ONLY:

DATE: ___/___/___

Amount Paid: \$ _____

Name Tag _____

Directory _____

Member since _____

RENEWAL MEMBERSHIP FORM

Please complete this form and return, along with your check for \$50
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: _____

► IF YOU WANT TO CHANGE YOUR LISTING, PLEASE WRITE IN *THIRTY WORDS OR LESS* A REVIEW OF YOUR BUSINESS AND/OR PERSONAL INTERESTS. INFORMATION WILL BE LISTED IN THE NEW KWN ANNUAL DIRECTORY.

PLEASE INDICATE YOUR INTEREST (X) IN SERVING AS A KWN OFFICER OR COMMITTEE CHAIR/MEMBER. ACTIVE MEMBER PARTICIPATION IS ENCOURAGED.

____ PRESIDENT ____ VICE-PRESIDENT ____ SECRETARY ____ TREASURER ____ FUNDRAISING

____ COMMUNICATIONS/NEWSLETTER ____ RESERVATIONS ____ GREETERS

____ PUBLIC ISSUES ____ PUBLICITY ____ OTHER

OPTIONAL NAME TAG ORDER FORM (cost \$9)

NAME: _____ DO YOU WANT A PIN? _____ OR A CLIP? _____

BUSINESS NAME AND/OR TITLE: _____

*** FEEL FREE TO PASS THIS ON TO A FRIEND OR TWO ***