



OFFICE USE ONLY:
DATE: ___/___/___
Amount Paid: \$ _____
Name Tag _____

2016 New Member Form

Please complete this form and return it with your check for \$75.00.
 Make check payable to KENOSHA WOMEN'S NETWORK.

PLEASE PRINT
 NAME: _____

TITLE/OCCUPATION: _____

NAME OF BUSINESS: _____

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 FIFTY WORDS OR LESS A DESCRIPTION OF YOUR BUSINESS AND/OR
 PERSONAL INTERESTS. INFORMATION WILL BE INCLUDED IN THE KWN ONLINE
 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 PUBLICITY
 OTHER _____

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REQUIRED NAME TAG ORDER FORM (COST INCLUDED)

NAME: _____ PIN / CLIP / MAGNET (CIRCLE ONE)

BUSINESS NAME AND/OR TITLE: _____