



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

2016 Renewal Membership

Early renewal (by January 8th): \$60. By March 1st: \$65. After March 1st: \$75.

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: _____

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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NAME TAG ORDER FORM (REPLACEMENT TAGS: \$9.00)

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

BUSINESS NAME AND/OR TITLE: _____
