



FIVE CITIES WOMEN'S NETWORK MEMBERSHIP APPLICATION

New Membership Fee: 1 year \$60.00 Renewal Membership Fee: 1 year \$45.00
Make check payable to: Five Cities Women's Network

WOMEN'S NETWORK USE ONLY

Date of Induction: _____ Date Paid: _____ Check No.: _____
Letter Sent: _____ Amount Paid: _____ Received by: _____
(initial)

MEMBER INFORMATION —

Name: _____

Home Address: _____

City/State/Zip: _____

Home Telephone No.: _____ Fax: _____

Birth Date: (month & day) _____ Name of Spouse: _____

Primary Business Name: _____

Your Title: _____

Business Address: _____

City/State: _____ Zip: _____

Business Telephone No: _____ Fax: _____ OTHER: _____

E-mail: _____ Website: _____

Brief Description of Business: _____

*Mail any correspondence to: Home _____ Business _____ (please check one)

*Use these numbers as my contact numbers: _____ / fax _____

Topics or subjects on which you would be willing to speak about at luncheon meetings or workshops: _____

Special talents or skills that you would be willing to share with the Women's Network: _____

You may use the reverse side for additional information/businesses. If you have any questions, please contact either the Membership or Treasurer Board Member. You will be billed annually for membership dues.

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The Women's Network of the Five Cities is an organization designed to promote the professional and personal development of its members. Membership includes individuals from business and private sectors of the community who gather together, to exchange information, provide mutual support, promote members' businesses and assist in the overall advancement of its members.

P. O. BOX 37, ARROYO GRANDE, CA 93421
www.fivecitieswomensnetwork.com

FIVE CITIES WOMEN'S NETWORK APPLICATION — SIDE 2

Business #2:

Business Name: _____

Your Title: _____

Business Address: _____

City/State: _____ Zip: _____

Business Telephone No.: _____ Fax: _____ Pager: _____

E-mail Address: _____ Website: _____

Brief Description of Business: _____

Business #3:

Business Name: _____

Your Title: _____

Business Address: _____

City/State: _____ Zip: _____

Business Telephone No.: _____ Fax: _____ Pager: _____

E-mail Address: _____ Website: _____

Brief Description of Business: _____

OTHER INFORMATION: _____
