



Application for Membership

Name _____

Home Address _____

City _____ County _____ Zip _____

Occupation _____

Company _____

Business Address _____

City _____ County _____ Zip _____

Preferred Phone _____ Please circle: Cell Home Work

Second Phone _____ Please circle: Cell Home Work

Fax _____

Email address _____

Optional Information:

Referred by _____

Age _____

Race/Ethnicity _____



Memberships are non-transferable.

| | | |
|--|---|----------|
| Student/Between Jobs/Retired | \$ 30 | \$ _____ |
| Individual network | \$ 75 | \$ _____ |
| SBA | \$ 200 | \$ _____ |
| Business | \$ 300 Please use additional form for second member | \$ _____ |
| SBA Business | \$ 500 Please use additional form for second member | \$ _____ |
| Additional Contribution to Resnik Scholarship | | \$ _____ |
| TOTAL | | \$ _____ |

____ Please make checks payable to *Women's Network* Check # _____

____ Credit cards accepted: Visa – MasterCard – Discover – American Express

Card No. _____ Expiration Date _____

Address _____

Signature _____ Date _____

Please remit payment to:
Women's Network
 P.O. Box 13259
 Fairlawn, OH 44334
 Fax: 330-665-5472