



Membership Application

Applicant's Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Home Telephone (area code first): _____ Cell: _____

E-mail address: _____

Birth Month / Day: _____

Business Name or Company you represent: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Position Held: _____ Business: _____ Cell: _____

E-mail address: _____

Website: _____

Social Media Sites: _____

Please check the box(es) on which you might have an interest in serving. A chairperson will contact you.

- | | | | |
|---|------------------------------------|---|--|
| <input type="checkbox"/> Acts of Kindness | <input type="checkbox"/> Finance | <input type="checkbox"/> Membership | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Program | <input type="checkbox"/> Publicity | <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Other (please specify) _____ | | | |

Were you referred to LWABWO by an existing member? Yes ____ No ____

If yes, please tell us the member's name or her business: _____

Annual dues are \$30.00. Please make check payable to LWABWO.

New member application and dues may be submitted to any meeting or mailed to the address below.

For use by Membership Committee:

Date Dues Paid: _____ by Cash: _____ Check #: _____