

Membership Renewal Application

Name:	Home Address:
Company Name:	City, State, Zip:
Position/Title	Home Phone:
Business Address:	
City State and Zip:	EMERGENCY CONTACT INFO:
Business Telephone:	Name:
E-Mail:	Phone:
Fax:	Relationship:
Website:	
Month/Day of Birth:	PLEASE INDICATE ONE OR MORE OF THE FOLLOWING COMMITTEES YOU MAY BE WILLING TO SERVE:
FOR INDEXING ON THE WEBSITE AND IN THE MEMBERSHIP DIRECTORY, PLEASE CHECK THE ONE CATEGORY THAT BEST DESCRIBES YOUR BUSINESS. Business Services	Activities Girls Night Out Historian Marketing Membership Programs Publicity Scholarship Sunshine Website
Signature	Date
PLEASE CHECK IF YOUR INFORMATION HAS CHANGE Signature Thank you for renewing your membership. Please let us know if satisfaction with your membership this year.	Date

IMPORTANT INFORMATION FOR RENEWALS

NO EXCEPTIONS

____ It is prior to June 30th. I am enclosing a check for my renewal at the discounted price of \$110. which will include two complimentary tickets to GNO (\$60. value)

____ It is after June 30th. I am enclosing a check int the amount of **\$125** which will include two complimentary tickets to GNO, (\$60 value). I understand that I may not be included in the membership directory.

If you are requesting renewal and it is afterSeptember1st, please ask for a New Membership Application as you will need to re-apply.

Please mail this application and a check payable to Network of Executive Women to: Network of Executive Women, Attn: Membership, P.O. Box 3171, Milford, CT 06460 During any event hosted by NEW, candid and posed photographs of any of the participants may be taken that may be posted on NEW's website. If you have any objection to your image appearing on NEW's website, please notify NEW of any objection via contact information on our website.