

# 2021 Membership Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Occupation Title \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

## What areas of PWFC membership would you like to be involved with?

Membership  Events & Networking Socials  Professional Development

*Applicant understands and agrees to permit their contact information, e.g. name, address, email and telephone and fax numbers, to be used for dissemination to the public and to be used by other members of the PWFC to solicit their business. If the applicant does not wish for their information to be made available for such purposes, they may opt out by signing here: \_\_\_\_\_*

Business Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check box if mailing address is same as physical address

**INDIVIDUAL ANNUAL FEE IS \$75.00**

**CORPORATE ANNUAL FEE IS \$400.00**

If paying via credit card, please complete the area below to process your membership fee otherwise check the payment method that applies.

YES, I choose for my membership to automatically renew  No, thank you

**PAYMENT METHOD**  MC  Visa  AMEX  Discover

Cash  Check (*Make checks payable to Professional Women of Flagler County.*)

Name On Card \_\_\_\_\_

Account # \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_