

2022 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 _____