



## Membership Information Network for Enterprising Women

(Please print or type)

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

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Category of Business/Type of Business  
\_\_\_\_\_

Business Phone \_\_\_\_\_ Business FAX \_\_\_\_\_

Business E-Mail \_\_\_\_\_ Business Website \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home E-Mail \_\_\_\_\_ Birthday : Month \_\_\_\_\_ Day \_\_\_\_\_

Network Member since (year) \_\_\_\_\_

*(Unless otherwise indicated, the information above will be printed in the directory. Only your name and work information will be in the public part of the online directory. Your other personal information will be available only to members in the private section of the Network website)*

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**After you complete this form, send or give it to the Membership Chair - Checks and Credit Cards are acceptable.**

**Dues are:**

\$40 (January 1, 2020 to January 31, 2021)

\$20 (November 15, 2020 to January 31, 2021)