



New Member Application

Please complete ALL information and return with payment to the address below.

Date: _____

Name: _____

Title/Position: _____

Place of Business: _____

Business Address: _____

Business Phone Number: _____ Ext. _____

Business Fax Number: _____

E-Mail Address: _____ Is this a business or personal address? (circle one)

Home Address: _____

Home Phone Number: _____

Community Involvement/Special Interest/Hobbies: _____

- Do you wish to be included in the WN Directory for WN members ONLY? ____ Yes ____ No
- Do you wish to receive WN Newsletters & announcements via ____ email (address above) or ____ mail

Membership year runs from June 1st through May 31st.

Annual Membership Fee: \$25.00. After January 1st \$15.00. Please send payment and information sheet to:

Women's Network
c/o Kingdom of Callaway Chamber of Commerce
409 Court Street
Fulton, MO 65251

Thank you for your support of Women's Network!!